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COUNTY BOROUGH OF BRIGHTON.



Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1932.

DUNCAN FORBES, M.D., B.Sc., D.P.H.



COUNTY
BOROUGH



OF
BRIGHTON

Annual Report

OF THE

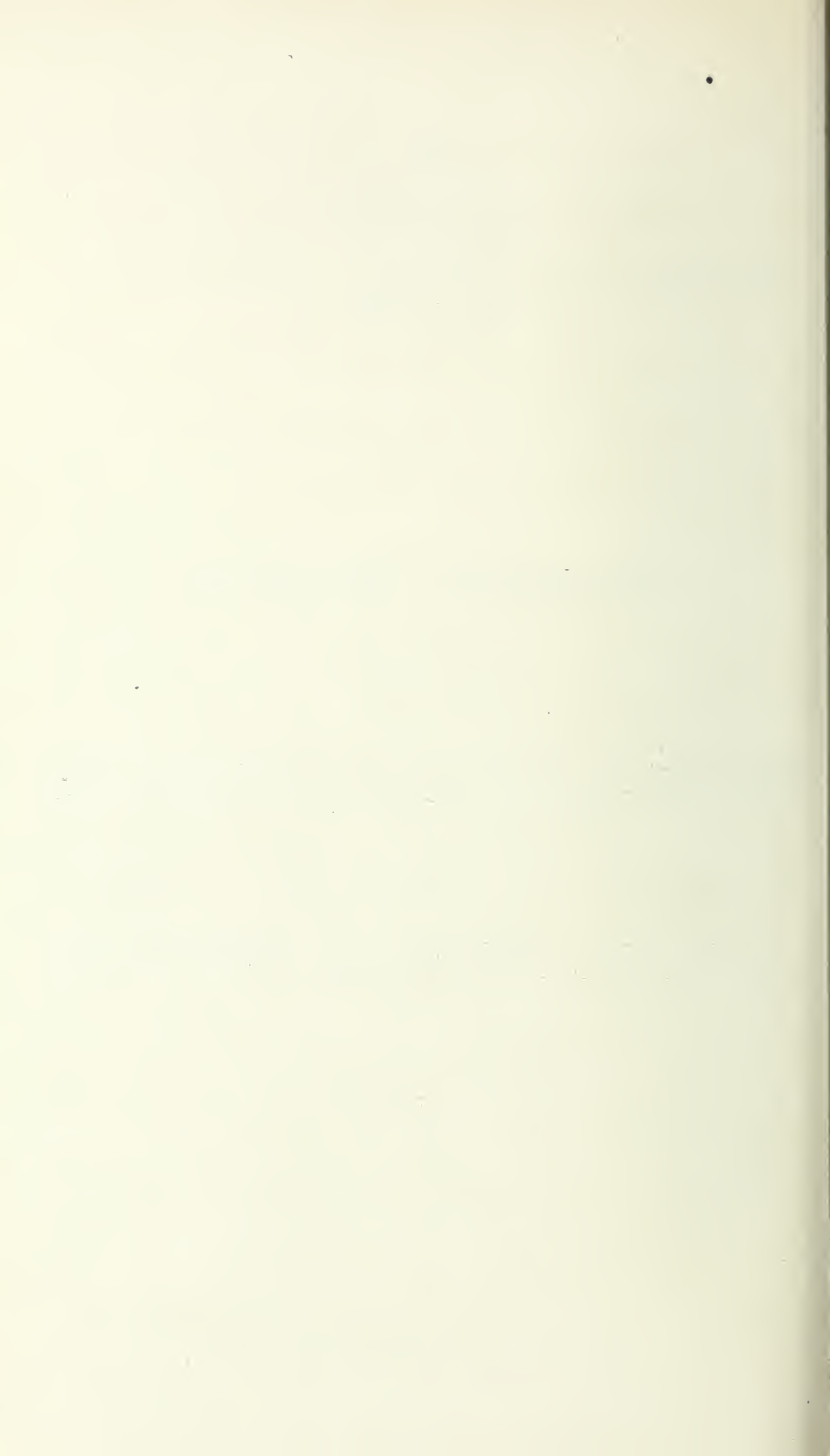
MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1932.

BRIGHTON:
PELL (BRIGHTON) LTD., 105 CHURCH STREET—31332.



HEALTH DEPARTMENT,

ROYAL YORK BUILDINGS,

BRIGHTON.

29th May, 1933.

LADIES AND GENTLEMEN,

I beg to present my Annual Report for 1932. One of the outstanding features of our statistics is the infantile mortality of 41 per thousand, which establishes a low record for the town. Another not so pleasing fact is that deaths outnumbered births by 152, the number of births being the lowest number on record, excluding war years. A measles epidemic, beginning last August, has swept over the town, and for the first time injections of adult serum during the incubation period have been used to modify attacks in young children (*see Appendix IV.*).

Housing still occupies the attention of the Council, and by 31st December, 1932, no fewer than 2,452 post-war municipal houses had been completed, and now in May, 1933, 2,662 houses have been finished. The rehousing record of our Housing Committee is one of which to be proud, but notwithstanding the 5,428 dwellings provided by the Council and private enterprise since the War, at the end of last year there were still 417 applicants for new houses in the suburbs (*see page 34*). When the work of housing overcrowded families was finished, Councils should have been encouraged to continue to build with the object of providing one dwelling for each family, or at least a suitable dwelling for every family without a dwelling of their own who were prepared to pay an economic rent. Such a programme would have made slum clearance a simpler matter. As it is, the Government have now turned all municipal endeavour to slum clearance, instead of continuing a combined programme. Locally, any further provision of housing for the working classes should be planned in conjunction with the adjacent authorities along the coast to Lancing. Brighton can only extend to the north and east. The industrial centres are mainly to the west, and it is there that accommodation should be provided for Brighton workers who travel west daily; these houses could be provided on the Downs, within a reasonable distance of their work. Apart from the inconvenience to workers, it is unfair to expect Brighton to provide accommodation, education and so on for the families of those who travel out of the town to their work.

The danger of the building of large numbers of small houses is that the casual worker for whom there is a relatively limited amount of work in Brighton is encouraged to migrate here. It should therefore be the policy in this non-industrial town to continue to encourage the erection of commodious healthy houses and not to adopt minimum standards.

Brighton has done more in the past and since the war to rid itself of slums than perhaps any town of its size. Since 1889, 1033 slum houses have been demolished (see Appendix II). Now there are few slums, but the centre of the town is densely populated, and contains many semi-basement houses. The semi-basements owe their existence to the steep slopes and form steps up these slopes, the floor being about ground level on one side and the ceiling at, or just above the street level on the other side; these basements are commonly used as sculleries and sometimes as living-rooms, but not as bedrooms.

Much of the report is taken up with dry statistics of little interest to the casual reader, but an index is supplied which will direct readers to the particular subjects in which they are interested. The Appendices (see index) are much more readable than the report proper as they deal with matters of special interest and statistics are less in evidence.

I am,

Yours obediently,

DUNCAN FORBES,

Medical Officer of Health.

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Health Committee :

Chairmen : **COUNCILLOR DENNE** (until Nov., 1932),
COUNCILLOR RADFORD (from Nov., 1932).

HIS WORSHIP THE MAYOR.

ALDERMAN BLACK.

„ BURBERRY.

„ MAJOR.

COUNCILLOR Miss CROOKENDEN
(from Nov., 1932).

„ DEASON
(until Nov., 1932).

„ DENNE.

COUNCILLOR GREEN

(from April, 1932).

„ Miss HARDY.

„ HONE.

„ MARTEN.

„ MURSELL.

„ NANSON.

„ NIELD.

„ REINER.

Children's Care Sub-Committee :

Chairman : **MISS D. E. STRINGER.**

HIS WORSHIP THE MAYOR.

ALDERMAN B. N. SOUTHALL.

COUNCILLOR Miss CROOKENDEN.

„ DENNE.

„ FOSTER-MARNER
(from Sept., 1932).

„ HONE.

„ MARTEN.

„ STEERS.

MR. A. W. FEREDAY.

MR. E. GAWAN-JONES
(until Feb., 1932).

Miss H. J. HARTLE.

MR. H. D. LONG
(died Mar., 1932).

Miss E. L. PICKWORTH
(from Nov., 1932).

Mrs. M. J. SMITH.

Blind Persons Act Sub-Committee :

Chairman : **THE CHAIRMAN OF THE HEALTH COMMITTEE.**

HIS WORSHIP THE MAYOR.

ALDERMAN BLACK
(from Nov., 1932).

COUNCILLOR DENNE.

„ Miss HARDY.

COUNCILLOR MARTEN.

MR. E. C. BALDWIN.

COUNCILLOR CASHMAN.

MR. G. F. MOWATT, J.P.

Miss E. MUNRO RITCHIE.

PUBLIC HEALTH OFFICERS.

1.—MEDICAL.

DUNCAN FORBES, M.D., B.Sc., D.P.H., Medical Officer of Health.
RUTHERFORD CRAMB, M.B., Ch.B., D.P.H., Deputy.
A. NEVILLE COX, M.D., M.R.C.P., Tuberculosis Officer.
Miss M. F. BIGNOLD, M.B., Ch.B., Maternity and Child Welfare.
F. H. LAWSON, M.R.C.S., L.R.C.P., Venereal Disease Clinic (part-time).
R. N. WALKER, M.B., Ch.B., D.P.H., Senior Resident, Borough Sanatorium.
A. ELLIOTT, M.B., Ch.B., M.R.C.S., D.P.H., Junior Resident, Borough Sanatorium.
S. J. FIRTH, M.B., Ch.B., M.R.C.S., D.P.H., Medical Officer, Poor Law Institution and Warren Farm Schools.
W. R. F. WOOD, M.A., M.B., Ch.B., F.R.C.S., Senior Resident Assistant, Poor Law Institution and Deputy M.O. Warren Farm Schools.
A. G. B. FENWICK, L.M.S.S.A., Junior Resident Assistant, Poor Law Institution.
H. J. McCURRICH, M.S., F.R.C.S., Visiting Surgeon, Poor Law Institution.
C. GUY WHORLOW, L.R.C.P., M.R.C.S., D.M.R. and E., Radiologist, Poor Law Institution (part-time).
E. V. OULTON, M.B., M.R.C.S., Ophthalmic Surgeon, Poor Law Institution (part-time).
Miss D. CAREW HUNT, M.D., B.S., Anaesthetist, Poor Law Institution (part-time).

Consultants to Poor Law Institution.

R. WHITTINGTON, M.D., M.R.C.S., Physician.
D. A. CROW, M.B., Ch.B., Aural Surgeon.
J. H. TWISTON DAVIES, M.B., B.Ch., Dermatologist.
Mrs. LILIAS M. JEFFRIES, M.D., B.S., Gynaecologist (also Medical Officer at the Municipal Contraceptive Clinic).

District Poor Law Medical Officers.

A. R. S. WARDEN, M.R.C.S., L.R.C.P. W. L. DICKSON, M.R.C.S., L.R.C.P.
C. WRIGHT, M.R.C.S., L.R.C.P. G. GARLAND, M.R.C.S., L.R.C.P.
D. L. BROWN, M.B., Ch.B.

Public Vaccinators.

J. H. VANCE, M.B., B.Ch. G. GARLAND, M.R.C.S., L.R.C.P.
W. L. DICKSON, M.R.C.S., L.R.C.P.

2.—OTHERS.

W. BURT, F.R.C.V.S., Veterinary Surgeon (part-time).
S. ALLINSON WOODHEAD, F.I.C., D.S.C., Public Analyst (part-time).
B. A. HOLMES-SIEDLE, L.D.S., R.C.S., Dental Surgeon, Poor Law Institution (part-time).
J. NORRISH, Chief Sanitary Inspector.
E. E. MILLS, Inspector under Factory and Workshops Acts and Shops Acts.
J. WEBB, Assistant Inspector.
C. E. GREENFIELD, Superintendent of Public Abattoir and Food Inspector.
F. W. SALVAGE, Tuberculosis Visitor.
J. BAKER, Infectious Disease Visitor.
R. W. GRUTCHFIELD, Chief Clerk, Public Health Department.
A. FRANKS, J. SHARP, A. J. TAYLOR, R. S. CROSS, K. J. GUTTERIDGE, District Sanitary Inspectors.
Miss M. M. SPENCER, Matron, Borough Sanatorium.
F. G. S. BRAMWELL, Vaccination Officer.
A. E. HAYDEN, Vaccination and Infant Life Protection Officer.
Misses E. WHYTE, F. M. LOGIE, F. E. HAYES, A. CORRELL, W. L. ANDERSON, Health Visitors and Infant Life Protection Officers.
Miss A. EDDY, Health Visitor, Infant Life Protection Officer and Tuberculosis Visitor.

STATISTICAL.

Area—12,565 acres.

Population for 1932—145,500.*

Number of inhabited houses (end of 1932), according to Rate Books, 32,325.

Rateable Value—1932, £1,583,538. Sum represented by a penny rate, £6,180.

Marriages, 1,167.

Live Births, 1,873 { legitimate, 1,710. Birth Rate, 12·87 per 1,000 population.
illegitimate, 163.

Inward transfers, 58 ; outward transfers, 305 (allowed for in above figures).

Still Births, 80. Males 42, females 38 ; rate per 1,000 (live and still) births 41.

Deaths, 2,025. Death Rate, 13·92 per 1,000 population.

Inward transfers, 147 ; outward transfers, 302 (allowed for).

		Sepsis.	Others.	Total
Childbirth deaths ...	{ Actual Number ...	—	4	4
	{ Rate per 1,000 (live and still) births ...	—	2·0	2·0

		Legitimate.	Illegitimate.	Total.
Deaths of Infants ...	{ Actual Number	66	10	76
	{ Rate per 1,000 live births	39	61	41

Deaths from Measles, —. Whooping Cough, 4. Diarrhoea (under 2), 4.

A.—Deaths in Brighton Hospitals :—

		Residents.	Non-Residents.
Royal Sussex County Hospital	...	125	137
Royal Alexandra Hospital	... ..	31	36
Throat and Ear Hospital	... ..	2	3
Sussex Eye Hospital	... ..	—	—
Sussex Maternity and Women's Hospital		9	13
New Sussex Hospital for Women	...	11	17
Sanatorium {	Pulmonary Tubercle	15	—
	Other Tubercle	1	1
	Other Diseases	5	7
Brighton Poor Law Institution	...	582	11

B.—Deaths of residents in outside Institutions :—

Brighton County Borough Mental Hospital ...	67
Other Mental Hospitals ...	—
Shoreham Poor Law Infirmary ...	2
Other Hospitals and Institutions ...	21

Total deaths of residents in Institutions, 871 or 43 per cent.

Transferable Deaths in Private Houses and Nursing Homes { Residents dying away from Brighton, 57.
Deaths of Visitors to Brighton, 77.

*Registrar General's estimated figure.

INFECTIOUS DISEASES.

Infectious Diseases Notified during the Year 1932.

NOTIFIABLE DISEASE.	At all Ages.	Notification per 1,000.		Age Incidence.									No. Removed to Isolation Hospital.	No. of Deaths during the Year.	
		Brighton.	England and Wales.	Under 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.			55 to 65.	65 and upwards.
Small Pox	—	—	0.05	—	10	23	17	5	—	3	1	—	—	—	—
Diphtheria	65	0.45	1.08	—	41	123	88	14	7	19	6	—	63	—	2
Scarlet Fever	299	2.05	2.12	—	3	1	2	3	2	—	1	1	161	—	3
Enteric Fever	14	0.10	0.06	—	1	1	1	2	3	2	2	5	9	—	2
Erysipelas	32	0.22	0.36	—	—	—	—	2	4	9	6	—	—	—	4
Puerperal Fever	16	0.11	0.05	—	—	—	—	3	6	14	3	—	2	—	—
Puerperal Pyrexia	29	0.20	0.14	—	—	—	1	—	—	1	5	1	4	—	—
Cerebro-Spinal Fever	8	—	—	—	6	—	—	—	—	—	—	—	—	—	6
Acute Poliomyelitis	3	—	—	—	3	—	—	—	—	—	—	—	3	—	—
Encephalitis Lethargica	2	—	—	—	1	—	—	—	—	—	—	1	—	—	1
Acute Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	25	—	—	25	—	—	—	—	—	—	—	—	2	—	—
Malaria	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Pneumonia	88	—	—	—	7	6	4	3	4	15	13	14	12	—	—
Tuberculosis	See	—	16	3	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	9	—	—	—	—	—	—	3	2	—	2	2	—	—	—

No vaccinations or re-vaccinations were performed by the Medical Officer of Health under the Public Health (Small-pox Prevention) Regulations, 1917.

Vaccination of children whose births were registered during year ended 31st December, 1931 :—

Number of births registered	2179
Successfully vaccinated (30 per cent.)	644
Insusceptible of vaccination	14
Number in respect of whom Statutory Declarations of Conscientious Objection were received	1263
Died unvaccinated	91
Postponement by medical certificate	17
Removed to other districts, the Vaccination Officers of which have been apprised	87
Removed to places unknown	55
Not accounted for	8
Total number of Certificates of successful primary vaccination of children under 14 received during year ended 31st December, 1932	791
Number of Statutory Declarations of Conscientious Objection actually received during year ended 31st December, 1932	1192
Number of persons successfully vaccinated and re-vaccinated at the cost of the rates during year ended 30th September, 1932 :—	

Primary vaccinations of persons—

Under 1 year of age ... 374	} 409
1 year and upwards ... 35	
Re-vaccinations	3

DIPHTHERIA.

Extent of immunizations against Diphtheria.

At Sanatorium :—Children in tuberculosis wards ...	14
Nursing and domestic staff ...	18
Nursing Staff of other Hospitals	2

In connection with Maternity and Child Welfare Scheme :—

School children	6
Children under 5	6
At Residential Schools	74

Twelve Schick tests were carried out on the Sanatorium Nursing Staff and eleven on Tuberculosis children inmates.

Two deaths occurred from diphtheria, giving a percentage mortality of 3·2. In every case either parents or doctors are responsible for delay in securing the only specific treatment, which is the administration of antitoxin. The following table is of interest in this connection :—

The day of disease	
Doctor called in.	Antitoxin first given.
1	5
3	3

10,000 units of antitoxin were given by the Health Department to three doctors for administration to patients.

Scarlet Fever Return Cases.—After the return home from the Isolation Hospital of two patients, further members of their families were infected ; as 161 patients were admitted, the percentage giving rise to return cases is 1·2.

Measles and German Measles.—There were 1,502 known cases, among whom there were no deaths.

Cases notified chiefly by School Teachers were as follows :—

0— 3 mos.	...	...	—	8— 9 years	...	...	119
3— 6 „	...	...	1	9—10 „	...	...	111
6— 9 „	...	...	5	10—11 „	...	...	107
9—12 „	...	...	8	11—12 „	...	...	48
1— 2 years	...	...	38	12—13 „	...	...	38
2— 3 „	...	...	62	13—14 „	...	...	29
3— 4 „	...	...	42	14+ „	...	...	20
4— 5 „	...	...	131				—
5— 6 „	...	...	273	Total	...		1502
6— 7 „	...	...	279				—
7— 8 „	...	...	191				

For School closure see School Report page 19. For full report as to epidemic 1932-33 see Appendix page 72.

Whooping Cough.

518 cases were visited in 334 houses ; 4 deaths occurred.

Home Nursing.

236 visits were made by the Queen's Nurses to 25 cases of measles and 35 visits to 3 cases of whooping cough.

Scabies and Verminous Cases.

The following is the number of persons treated at the Brighton Poor Law Institution :—

Scabies.

Number of cases treated 99

Verminous Cases.

Admitted and detained for treatment 171
Persons whose clothing was disinfected 198
Persons cleansed under Public Health Act, 1925 ... 27

THE SANATORIUM.

Number of Patients.	Number of Patients suffering from the following Diseases :—														Total.
	Scarlet Fever.	Enteric Fever.	Diphtheria.	Puerperal Fever or Pyrexia.	Acute Anterior-poliomyelitis.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Measles and German Measles.	Chicken Pox.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuberculous Diseases.	Kept in after operations for Tonsils and Adenoids.	
Remaining December 31st, 1931	19	1	27	3	—	—	—	2	—	—	—	38	14	—	104
Admitted in 1932	231	13	103	32	4	2	1	2	9	—	—	97	31	271	808
Total number treated 1932 ...	250	14	130	35	4	2	1	4	9	—	—	135	45	271	912
Discharged in 1932	219	13	123	28	1	1	—	4	8	—	—	75	25	271	779
Died in 1932	4	—	4	3	—	1	1*	—	—	—	—	15	1	—	29
Remaining December 31st, 1932	27	1	3	4	3	—	—	—	1	—	—	45	19	—	104
Total Weeks	1212	89	601	170	125	3	1	11	24	—	—	2463	989	78	5775
Average stay in weeks	5.3	6.8	5.2	5.5	4.2	1.5	1.0	3.7	2.8	—	—	26	34	2 days 5dys	7.1

*Died from Tuberculous meningitis.
Eight of the total deaths were of patients admitted from outside districts, not returnable to Brighton.

Of the admissions, 1 case of scarlet fever and 9 of other diseases belonged to the Sanatorium Staff ; 2 cases, 1 of enteric fever and 1 of cerebro-spinal fever, were soldiers.

51 patients suffering from scarlet fever, 14 from diphtheria, 2 from enteric fever, 26 from puerperal fever or pyrexia, 1 from cerebro-spinal fever, 1 from encephalitis lethargica and 5 from pulmonary tuberculosis, were admitted from districts outside Brighton.

LABORATORY REPORT.

Swabs sent by :—

		Positive.	Negative.	Doubtful.	No Growth.	Total.
General Practitioners	...	19	514	1	7	541
Hospitals	... ..	4	110	—	1	115
Medical Officer of Health...		4	442	—	—	446
School Medical Officer	...	2	44	—	—	46

Sanatorium Swabs :—

Admission Diphtheria	...	40	176	—	2	218
Convalescent Diphtheria	...	63	1004	—	—	1067
Admission Scarlet Fever	...	2	455	—	—	457
Convalescent Scarlet Fever		18	1078	2	—	1098

Sputa sent by :—

					Positive.	Negative.	Total.
General Practitioners	...	...	...	...	67	290	357
Hospitals	... ..	...	...	...	38	127	165
Tuberculosis Dispensary	...	...	...	...	56	165	221
Sanatorium	... ..	...	...	...	148	112	260

Examination of spinal fluid :

					Tubercle.	Meningococci.	Negative.	Total.
General Practitioners	...	...	...	...	—	—	1	1
Sanatorium In-patients	...	...	...	...	1	3	—	4

Blood Specimens, Widal's Reaction :—*

					Positive.	Negative.	Total.
From Borough	...	...	...	...	6	1	7
From Sanatorium	...	...	...	...	15	1	16

Puerperal Fever :—

					Contaminations.	Positive.	Negative.	Total.
Blood cultures	—	1	4	5
Cervical swabs	—	12	16	28

Hairs examined for Tinea :—

					Positive.	Negative.	Total.
From School Clinic	...	...	...	...	6	7	13
From Sanatorium	...	...	...	...	—	2	2

Number of Water Examinations :—

						Chemical.	Bacteriological.
Falmer	...	...	...	...	...	2	18
Goldstone	...	...	...	...	...	2	12
Mile Oak	...	...	...	...	...	2	12
Patcham	...	...	...	...	...	2	18
Shoreham	...	...	...	...	...	2	12

Total number of examinations for year :—5,149.

* Includes bacillus typhosus, Para A, B, and the bacillus abortus.

POOR LAW OUT-RELIEF.

The amount of out-relief administered for the year in the County Borough was £38,012.

HOSPITAL ACCOMMODATION.

Name of Hospital.	NUMBER OF BEDS.				No. of In-patients treated in 1932.	OUT-PATIENTS, 1932.	
	Surgical	Medical	Gynaecological.	Total		No. of patients	No. of Attendances
(a) Voluntary	M. F.	M. F.				(excluding V.D. patients, see p. 27)	
Royal Sussex County Hospital	88 56 Children 15	34 32 Children 7	14	246	3812	16617§	121793§
Royal Alexandra Hospital (for children)	15 18 Infants either	14 18 sex 26	— 10 Isolation	101	1060	2070	15213
New Sussex Hospital for Women	25 Private Wards	15 (S.&M.) 13	—	60	754	3712	19064
	Convalescent	(S.&M.) 7					
Sussex Eye Hospital	15 15	—	—	30	411	3284	15866
Throat and Ear Hospital	30	—	—	30	1571	1875	5775
*Sussex Maternity and Women's Hospital (excluding Hove Branch) ...	20 Maternity 6 Isolation		11	37	Maternity 401 Gynaecological 190	1270	5486
(b) Municipal							
Poor Law Institution Sick Wards ...	Men 245	Women 373 Undefined 90	Children 46	754	2633 Admissions	79††	595††
The Fever Hospital†	—	185	—	185	641‡	—	—
The Smallpox Hospital	—	14	—	14	1	—	—

* Beds reserved for Brighton midwifery patients.

† Sanatorium included in Fever Hospital, 97 beds being reserved for tuberculosis of all forms.

‡ Excluding patients kept in after operations for tonsils and adenoids.

§ In accordance with instructions contained in the new Revised Uniform System of Hospital Accounts and Statistics issued by the King Edward's Hospital Fund for London, these figures include casualties and other cases seen in the casualty and Special Departments.

†† Only post-hospital massage and electrical treatment given.

POOR LAW INSTITUTION.

Table shewing the classification of the accommodation for the sick and the number of beds occupied on the 31st December, 1932 :—

Classification of Wards.	No. of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN (Under 16 years)		TOTAL.	
		Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied
Medical ...	10	80	67	44	34	—	—	124	101
Surgical ...	9	33	25	66	55	—	—	99	80
Chronic Sick ...	35	75	75	177	159	—	—	252	234
Children ...	4	—	—	—	—	40	27	40	27
Venereal ...	Not specially reserved	—	—	—	—	—	—	—	—
Tuberculosis ...	2	8	8	7	6	—	—	15	14
Isolation ...	1	—	—	—	—	6	6	6	6
Maternity ...	5	—	—	28	26	—	—	28	26
Mental ...	18	49	38	51	41	—	1	100	80
Undefined and Unoccupied*	19							90	
TOTAL ...	103	245	213	373	321	46	34	754	568

* 38 beds in 5 wards in C iii. are used as required for overflows from other wards or for temporary accommodation whilst other wards are being cleaned. K block has space for 52 beds.

TUBERCULOSIS.

The table below gives statistics of Tuberculosis for 1932.

	Number of deaths.	Rate per 100,000.	Number of new cases notified.	New cases notified per 100,000 of population.	Number of re-notifications.
Pulmonary Tuberculosis	110	75.61	201	138.1	39
Other forms Tuberculosis	17	11.68	57	39.2	9
All forms Tuberculosis	127	87.29	258	177.3	48

Summary of notifications :—

(0-1) (1-5) &c.	Number of Primary Notifications.											Total	Total Notifications.
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65+		
<i>Pulmonary</i>													
Males ...	1	1	3	1	8	8	13	24	17	12	4	92	119
Females ...	—	2	4	1	9	21	24	16	9	5	3	94	106
<i>Other</i>													
Males ...	2	1	4	7	6	—	2	3	1	1	1	28	34
Females ...	—	6	2	2	4	3	3	2	1	2	1	26	29

In addition, 15 pulmonary and 3 other new cases came to the knowledge of the Medical Officer of Health otherwise than by notification.

Age Periods.					New Cases				Deaths			
					Pulmonary		Other		Pulmonary		Other	
					M.	F.	M.	F.	M.	F.	M.	F.
0- 1	...	...	...	...	1	—	2	—	1	—	—	—
1- 4	...	...	...	...	1	2	1	6	1	1	1	3
5- 9	...	...	...	...	3	4	4	2	—	—	2	1
10-14	...	...	...	...	1	1	7	2	—	1	1	—
15-19	...	...	...	...	8	10	6	4	1	2	3	—
20-24	...	...	...	...	8	23	—	4	6	6	1	—
25-34	...	...	...	...	16	28	3	3	17	11	—	1
35-44	...	...	...	...	26	18	3	2	17	7	—	3
45-54	...	...	...	...	17	10	1	2	12	5	—	1
55-64	...	...	...	...	12	5	1	2	12	3	—	—
65 and upwards	...	...	...	...	4	3	1	1	4	3	—	—
Totals	...	...	...	...	97	104	29	28	71	39	8	9

Of the new cases of pulmonary tuberculosis, 5 males and 7 females were affected before they came to Brighton. Imported cases, 5.2 per cent. males; 6.7 per cent. females; total, 6.0 per cent. The corresponding figures for non-pulmonary tuberculosis are 1 male (3.4 per cent.) and 1 female (3.6 per cent.); total, 3.5 per cent.

Forty-four of the total of 110 deaths from Pulmonary Tuberculosis occurred in the following public institutions and hospitals :—

Poor Law Institution, 24; Sanatorium, 15; Mental Hospital, 1; Royal Sussex County Hospital, 3; Royal Alexandra Hospital, 1.

POSSIBLE MILK INFECTION.

A child aged 21 months died in hospital from tuberculosis of the alimentary tract. The child had been breast-fed until four months old and thereafter was fed on cow's milk derived from one herd and cream from another. By chance, samples of milk had been taken from both herds eight days prior to the child's death. The sample from the herd from which cream was supplied gave a negative result; the herd from which the milk was supplied gave a positive result. There was no evidence of udder tuberculosis in any of the cows and samples of milk from individual cows gave negative results, but one cow, suffering from another disease, was slaughtered at the Abattoir and found to have tuberculosis.

PUBLIC HEALTH ACT, 1925, SECTION 62.
TUBERCULOSIS REGULATIONS, 1925.

No action has been found to be necessary under the above Act and Regulations (see page 21).

DISPENSARY.

Some particulars of the work carried out at the Dispensary :—

Examinations by the Tuberculosis Officer :—

New cases examined	...	...	...	...	421
Old cases re-examined	...	...	...	...	1218
X-ray examinations	...	...	...	...	194
Larynx examinations	...	...	...	...	67

Results of Clinical Examinations at the Dispensary :—

DIAGNOSIS AS TO TUBERCLE.	Men.		Women.		Children.		Total.	
	New cases.	Old cases.	New cases.	Old cases.	New cases.	Old cases.	New cases.	Old cases.
Pulmonary	56	478	64	610	1	39	121	1127
Non-pulmonary	7	9	3	12	8	52	18	73
Not tuberculous	49	32	72	56	57	66	178	154
Doubtful, for further observation	35	28	42	45	27	52	104	125
Total Examinations ...	147	547	181	723	93	209	421	1479

In addition to the above there were examined at the Sanatorium (out-patients) 118; in their homes, 190; elsewhere, 55.

The Origin of *new* cases examined was as follows :—

Sent by Doctors	322
Seen in consultation with Doctors	29
Contacts and others arranged by Inspector ...	37
Examined at request of patient or relatives ...	9
Referred from School Clinic	13
Referred from Infant Welfare Centre	5
From other sources	6

	TREATMENT AT DISPENSARY. (TUBERCULIN)				
	Total Patients.	New Patients.	Number receiving injections.	Number of injections	Total number of attendances at Dispensary.
Pulmonary Tuberculosis	9	3	8	231	390
Other forms Tuberculosis	3	1	1	77	77
All forms Tuberculosis ...	12	4	9	308	467

Voluntary Help.—We have continued to receive most valuable help at the Dispensary Clinics from Miss Bayliss, of the St. John's Ambulance Association, and also from the Queen's Nurses.

X-RAY EXAMINATIONS. SANATORIUM.

Screening only—in-patients, 33 ; out-patients, 21.
 Radiograms taken—in-patients, 174 ; out-patients, 171 ; staff, 3.
 Total X-ray examinations, 402.

Dental Work.—One of the School Dentists visits the Sanatorium each week, and attends to the patients' teeth.

SUMMARY OF DENTAL WORK.

	EXTRAC-TIONS.	SCALING.		FILLING.	DRESS-ING.	DENTURES.		
		Upper.	Lower.			Complete.	Part.	Repairs.
Men ...	46	8	20	—	48	5	1	1
Women ...	26	32	49	12	44	1	—	3
Boys ...	7	—	—	—	1	—	—	—
Girls ...	6	—	—	3	13	—	—	—
Totals ...	85	40	69	15	106	6	1	4

TREATMENT BY ARTIFICIAL PNEUMOTHORAX.

The aim of this treatment is to rest the affected part of the lung and in suitable cases it has proved to be of real and lasting benefit. Unfortunately it involves repeated refills over a prolonged period. 129 refills were given at the Dispensary, and 216 at the Sanatorium. (These figures refer only to out-patients).

ARTIFICIAL LIGHT TREATMENT.

Artificial light treatment for out-patients is, as in former years, carried out by Miss Palmer at 52 Old Steine. The dosage is prescribed for all municipal patients by the Tuberculosis Officer, who also exercises a general supervision.

AFTER CARE.

HOME NURSING BY QUEEN'S NURSES.

						No. of Patients.	No. of Visits.
Pulmonary Tuberculosis	...	...	...	...	...	60	5489
Non-Pulmonary Tuberculosis	...	...	...	...	...	25	3901
Total	...	...	...	...	...	85	9390

The home nursing is made the more valuable as the nurses employed have from time to time personal tuition from the Tuberculosis Officer at the Dispensary. A report is received from the Superintendent of Nurses immediately after the first visit, recording the patients' condition and also giving particulars as to their wants, the health of contacts, and the sanitary condition of the home.

Bedsteads with bedding were lent to enable several patients to sleep alone. The number of bedsteads lent at one time averaged 16.

In Brighton the conditions do not usually lend themselves to the use of open-air shelters, but in four cases such shelters have been provided and are in use.

New or re-conditioned houses have been provided for ten families.

Lectures.—Dr. Neville Cox has given two series of lectures on tuberculosis to the Queen's Nurses.

ASSISTANCE.

The following are the amounts of money from the Hedgcock Bequest expended during the year in the care of tuberculous cases :—

	£	s.	d.
Milk	129	15	0
Assistance towards cost of living... ..	181	11	0
Help whilst head of family in Sanatorium	20	10	0
Nursing and care	34	16	8
Better housing by assistance with rent	175	11	6
Transport of Open-Air Shelters	1	10	0
Travelling expenses	13	9	0
Boots and/or clothing	2	12	7
Extra clothing for patients admitted to Tuberculosis Wards at Sanatorium	7	16	0
Maintenance in Hospitals and Homes	13	11	4
Dentures	6	12	6
Other expenses	2	0	0
Sanatorium Wireless	13	3	0
Sanatorium Workshop (materials only)	36	3	2
	<hr/> £639 1 9 <hr/>		

In the table below is shewn the occupations of 677 patients suffering from Tuberculosis, and under observation from the Tuberculosis Dispensary at the end of 1932 :—

Employment	MEN			WOMEN		
	At Work.	Out of Work.	Unfit for Work.	At Work.	Out of Work.	Unfit for Work.
Cowkeepers and Dairymen	*1	—	—	—	—	—
Tailors	1	—	1	1	—	1
Electricians	2	1	2	—	—	—
Trades various (General Labourers) ...	56	—	10	—	—	—
Home Duties	—	—	—	151	—	28
In Service	—	1	2	—	1	—
Daily Domestics	—	—	—	28	2	20
Porters	4	—	—	—	—	—
Fish and Poultry	2	—	1	—	—	—
Grocers	3	—	—	—	—	—
Beer Retailers, and Breweries	7	—	1	2	—	3
Bakers	—	1	1	—	—	—
Greengrocers	1	—	1	—	—	—
Other shops (not Articles of Food) ...	20	—	6	13	—	7
Hairdressers	2	—	—	1	—	1
Travellers	9	1	3	—	—	—
Wholesale Shops and Warehouses ...	—	—	4	—	—	2
Hotels, Boarding Houses, Clubs ...	16	—	5	5	—	2
Building and Allied Trades	13	—	6	—	—	—
Secretaries	—	—	3	—	—	—
Tram and Bus Conductors	3	—	—	—	—	—
Railway	5	—	4	—	—	—
Laundries	—	—	—	2	—	1
Casual Workers	22	—	7	4	—	2
Clerical Workers	15	—	7	11	1	8
Governess	—	—	—	1	—	—
Medical and Nursing	1	—	3	3	—	5
Musician	—	—	1	—	—	—
Agriculture	4	—	1	—	—	—
Dressmakers	—	—	—	1	—	4
Postman	—	—	1	—	—	—
School Teachers	—	—	—	—	—	2
Motor Drivers	10	—	3	—	—	—
Engineers	6	—	2	—	—	—
Actors	—	—	2	—	—	—
Watch Repairer	1	—	—	—	—	—
Ex-Servicemen	—	—	9	—	—	—
Insurance Agents	4	—	1	—	—	—
Church Workers	1	—	—	2	—	—
Civil Servants	2	—	1	—	—	—
Theatre Attendant	—	—	—	—	—	1
Commission Agent	—	—	1	—	—	—
Gas Inspectors	2	—	—	—	—	—
Student	—	—	—	1	—	—
No Occupation	—	—	9	—	—	—
Total	213	4	98	226	4	87
	MALES.			FEMALES.		
Of Independent Means	5			6		
School Children	16			15		
Infants	1			2		
	22			23		

*No T.B. in sputum; milk roundsman but does not handle the milk except in sealed bottles.

ORTHOPAEDIC SCHEME.

				Attendances at Clinic.		Patients treated		
				For treatment.	To see Surgeon.	in Hospital.		
Tuberculosis cases	...	...	...	37	76	...	...	10*
Infant Welfare cases	...	...	...	1037	113	...	...	5
Education Committee cases			...	1999	227	...	...	12
Total				3073	416	...	...	27

*Children suffering from surgical tuberculosis are for the most part treated at the Borough Sanatorium.
(also see page 13 of School Report).

MATERNITY AND CHILD WELFARE.

The total net live births numbered 1,873, of which 923 were males and 950 females. Included in the total are 163 illegitimate births, of which 83 were males and 80 females. The infant mortality was 41 per thousand. (Figure for England and Wales, 65). Figures for 1931 : Brighton 55, England and Wales 66.

MIDWIVES.

During 1932, 51 midwives notified their intention to practise in the area. Of the 22 in private practice, 2 did not practise, and 5 were in practice for a short time only. Of the total, 50 had passed a qualifying examination and 1 was in practice prior to the passing of the Act in 1901.
The number of visits paid to midwives was 63. To all private midwives living and practising in Brighton at least one visit was paid quarterly.

MEDICAL HELP CALLED IN.

	TOTAL.	Private Cases.	Hospital District Cases.		TOTAL	Private Cases.	Hospital District Cases.
<i>Pregnancy—</i>				<i>Lying-in Period (Mother)—</i>	209	105	104
Haemorrhage (A.P.) ...	6	5	1	Rise of Temperature ...	20	5	15
Threatened Miscarriage	1	1	—	Other reasons ...	18	4	14
Albuminuria ...	7	7	—	<i>Condition of Infant—</i>			
Other reasons ...	6	6	—	Premature Birth ...	14	6	8
<i>Labour—</i>				Condition of Baby ...	32	13	19
Transverse presentation	3	1	2	Discharge from eyes ...	100	8	92
Breech Cases ...	17	9	8	Malformation ...	2	1	1
Pro'lapse of Cord ...	1	—	1	<i>Other notifications (Rule 22)—</i>			
Face Presentation ...	2	2	—	Substitution artificial for			
Abnormal presentation	6	4	2	breast feeding ...	13	6	7
Delay in Labour ...	87	36	51	Stillbirth ...	17	9	8
Retention of Placenta ...	7	5	2	Laid out dead body ...	4	4	—
Rupture of Perineum ...	54	23	31				
Haemorrhage (P.P.) ...	5	2	3				
Other reasons (mother)	7	4	3				
	209	105	104		429	161	268

During the year £207 was paid by the Council to doctors called in by midwives on 197 occasions, and during the same period £93 was recovered from patients.

SUSSEX MATERNITY AND WOMEN'S HOSPITAL.

The staff of certified midwives at this Hospital and its two branches numbers 18. The Council pays £60 for the salary of one midwife appointed at their suggestion. The total number of confinements attended was 933; of this total 747 belonged to Brighton, 222 being primiparae and 525 being multiparae. Thirty-eight pupils were trained during 1932; all of whom obtained the Certificate of the Central Midwives Board. Wards containing 26 beds are set aside for maternity cases.

At the antenatal clinic 3,453 examinations were made.

Under agreement, 74 Brighton patients were admitted during the year; the number of in-patients days was 1,151. The Council pays the Hospital 9/- a day for each of these patients. The total cost was £537, of which £225 was paid by the patients and the Sussex Provident Scheme.

The assigned reasons for the admission of the patients were as follows:—

Normal labours (Bad Housing) ...	1	Presentations	Face	1	} 18
Albuminuria	14		Breech	12	
Eclampsia	1		Prolapse of cord	1	
Induction	14		Transverse	1	
Ante-partum haemorrhage ...	5		Abnormal	3	
Post-partum haemorrhage ...	1	Contracted pelvis		1	
Miscarriage	1	Delayed labour		3	
Placenta praevia	1	Instruments required		6	
		Caesarean section		1	
		Other reasons		7	
		Total		74	

REGISTRATION OF MATERNITY AND NURSING HOMES.

	Maternity Homes.	Other Nursing Homes.	Combined Maternity and other Nursing Homes.
Homes on Register, 31st December, 1932 ...	6	10	9
No. of applications for registration during year	1	1	1
No. of homes registered	1	1	1
No. of orders made refusing or cancelling registration	1	—	1
No. of appeals against such orders	—	—	—
No. of applications for exemptions and renewals of exemption from registration	2	5	—
No. of cases in which exemption has been granted or renewed	2	5	—

NOTIFICATION OF BIRTHS.

(For number notified see page 52.)

HOME VISITS.

Of 1,873 infants born during 1932 there were visited	1389
Average number of visits paid to each infant	5
No. of children of ages 1—5 visited	4838
Total inquiries <i>re</i> children 1—5	9363
Visits to expectant mothers	1113
Visits for investigation <i>re</i> cause of stillbirths	45
Visits for investigation <i>re</i> premature deaths	25
Total visits paid by Health Visitors during 1932	17344

(Excluding Infant Life Protection work).

SIX INFANT WELFARE CENTRES

(Open once weekly).

Attendance Table.

	Number.	Attend- ances.	Average.	Per Session.
Mothers ... 1939	159.3	8	53	
0-12 months ... 1526	126.55	8	} 60	
1-5 years ... 1083	54.77	5		

MUNICIPAL ANTENATAL CLINIC.

The great bulk of the antenatal work is done for women who have booked with the Sussex Maternity and Women's Hospital. It is a condition of booking that patients are so examined. Private midwives are invited to send their patients for examination on Mondays at 9.30 a.m. to the Antenatal Clinic, Royal York Buildings, where they are seen by the Maternity and Child Welfare Doctor. During the year 330 patients were seen, who made 1,100 attendances. Thirty of these patients were not pregnant. Of the 300 others (178 multiparae and 122 primiparae) 170 were normal. The others suffered from :—

Asthma	...	...	...	...	1	General Malaise	...	...	...	2
Pulmonary Tuberculosis	...	...	...	...	2	Albuminuria	...	...	...	22
Anaemia	...	...	...	...	1	Contracted pelvis	...	...	...	14
Pyelitis	...	...	...	...	2	Piles	...	...	...	3
Heart Disease	...	...	...	...	3	Varicose veins	...	...	...	15
Pyorrhoea and dental caries	...	...	...	...	28	Breech presentation	...	...	...	16
Twin Pregnancy	...	...	...	...	1	Occipito-posterior presentation	...	...	...	5
Leucorrhoea	...	...	...	...	6	Transverse presentation	...	...	...	3
Retroverted gravid uterus	...	...	...	...	1	Post-maturity	...	...	...	2
Prolapse	...	...	...	...	1	Haemorrhage during pregnancy	...	...	...	2

Fifty-five cases were told that medical treatment was necessary. In each case a confidential report is sent to the midwife who referred the case to the Clinic telling her the result of the examination and what advice should be given to the patient.

DENTAL CLINIC.

Nursing and expectant mothers and children under five years have been referred to this Clinic from the Infant Welfare and Antenatal Clinics.

69.3 per cent. of the patients sent for kept their appointments, as compared with 81.2 and 78.8 per cent. in the last two years.

During the year, 880 attendances were made by 105 mothers and 114 children under five years of age, on 135 afternoon sessions.

Summary of the work done :—

	Fillings.	EXTRACTIONS.		Scaling.	Other operations.	DENTURES.		Repairs and Additions.
		Nitrous oxide.	Local Anaesthetic.			Partial.	Complete.	
Mothers	44	15	620	150	511	61	18	10
Children under 5	115	—	79	44	99	—	—	—
Totals ...	159	15	699	194	610	61	18	10

EDUCATION OF STUDENTS.

During the year each of the 63 senior students training at the Municipal Training College for the profession of teaching, and also the 12 students of the Housewifery Class at the Technical College, attended one of the Infant Welfare Centres on two occasions, and so had an opportunity of becoming familiar with the actual work done ; at the end of the course they were addressed on the work of the Infant Welfare Department by the Maternity and Child Welfare Medical Officer.

Lecture demonstrations on the feeding and care of babies were given by the Health Visitors to girls who were about to leave school.

	Demonstrations.	No. of girls.
Elementary schools	18	378
Intermediate school	3	32
Secondary school	1	12
Technical College	1	12

CRECHES.

The two crèches are situated in Wellington Road and Bristol Road. At Wellington Road the average number of children in daily attendance was 28·1. At Bristol Road the corresponding number was 15.

CHURCH ARMY MATERNITY HOME, FINSBURY ROAD.

Into the above Home 36 expectant and nursing mothers were admitted during the 12 months ended 31st December, 1932. The number of confinements was 29; the average stay prior to confinement was 8½ weeks; after confinement, 14½ weeks. The cases are usually of persons who do not belong to Brighton.

ASSISTANCE.

Milk for Expectant and nursing mothers and delicate children	£339	12	9
Dried Milk	45	17	11
Home Helps	62	18	0
Confinement fees	2	0	0
Spectacles	1	12	6
Dentures	7	9	6
	£459	10	8

Cartons of Malt and Cod Liver Oil, costing £85, were given out at the Health Office; £34/12/3 was recovered as follows:—

						Paid.	Cartons distributed.
						£ s. d.	
School clinic patients	...	...	...	...	...	5 0 9	339
Tuberculosis patients	...	...	...	...	...	2 10 0	538
Infant Welfare cases	...	...	...	...	...	27 1 6	2447

The cartons, 1lb. size, are sold at 6d. each, the cost being 5 11-12ths. d. They contain a 25 per cent. emulsion of cod liver oil in malt.

OPHTHALMIA NEONATORUM.

CASES.			Vision unimpaired	Vision impaired.	Gonococci found in Swab.
Notified.	At home.	In hospital.			
25	15	10	25	Nil	Nil

Twenty-five cases were notified; twenty of these were mild. Seventeen were nursed at home by the Queen's Nurses, who paid 1,151 visits (68 visits per case). Two cases were admitted to the Brighton Sanatorium.

One mild case died of congenital heart disease; all the others recovered completely without injury to sight.

The practice of the routine instillation of drops of Argyrol (ten per cent. strength) into the eyes of infants at birth has been continued.

INFANT LIFE PROTECTION.

The duty imposed by the Children Act, 1908, of visiting boarded-out children under seven years of age was transferred from the Relieving Officers to the Health Visitors from August 1st, 1931, except in the case of the outlying parts of the town which are still visited by a male visitor.

Number of fostermothers on December 31st, 1932	...	...	116
„ fosterchildren	„	„	139
Total visits paid during 1932	...	...	1318

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

We have to acknowledge considerable assistance from the Society's Inspectors in cases where difficulty has been found in getting parents to agree to necessary treatment ; this is facilitated by the office of the Society being at the Royal York Buildings.

CONTRACEPTIVE CLINIC.

During its second year of existence, the monthly contraceptive clinic, conducted by a woman doctor and one health visitor, has treated a larger number of patients.

Methods have not changed and those used have proved sufficiently reliable, provided only that the patients have been consistent in their use of them. Expressions of relief and gratitude have been common.

One unplanned advantage of the Clinic has been the bringing to notice of gynaecological complaints for which appropriate treatment and relief has been secured, by referring the patients to one or other Hospital O.P.D. This opportunity has been of great value in several cases. The importance of proper examination by a medical officer is also brought out in this connexion. Such medical examinations and the necessary discussion of personal matters in order to arrive at the best method for each individual takes much time, so that in arranging the work, as a minimum, half-an-hour should be allowed for each new patient and 20 minutes for later attendances.

As can be gathered from the statement below, a large number of the patients are recommended from other departments of the health services.

Brighton Patients treated from June, 1931, to December, 1932 :—

Sent by Tuberculosis Dispensary	...	...	...	...	...	28
„ „ Maternity and Child Welfare Department	...	...	...	...	...	4
„ „ Public Assistance Medical Officers	...	...	...	...	...	4
„ „ Mental Clinic	...	...	...	...	...	2
„ „ General Medical Practitioners	...	...	...	...	...	4
Total number of patients						42
Total number of attendances						71

Classification of cases :—

Tuberculosis (husband or wife)	...	...	...	...	...	27
Cardiac	...	...	...	...	...	2
Albuminuria	...	...	...	...	...	3
Mental disease	...	...	...	...	...	3
Eclampsia	...	...	...	...	...	2
Pelvic disease (menorrhagia)	...	...	...	...	...	4
Carcinoma of breast	...	...	...	...	...	1
						42

VENEREAL DISEASE.

STILL BIRTHS.

Up to the end of 1932, sections of the livers have been examined in 293 cases, of which 13 or 4·4 per cent. showed spirochetes.

THE BRIGHTON V.D. TREATMENT CENTRE.

New Brighton Cases treated during 1932.

Syphills.		Gon.		Soft Sore.		Sy. and S.S.		Sy. and Gon.		Gon. and S.S.		Sy., G., S.S.		Conditions other than V.D.		Total of V.D. Cases.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
31	23	93	32	3	—	1	—	—	—	—	—	—	—	92	59	128	55

Return relating to all persons who were treated at the Treatment Centre during 1932.

	Syphilis		Soft Chancre.		Gonorrhœa		Conditions other than venereal.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases on 1st January under treatment or observation	188	192	1	—	110	40	26	18
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	8	9	—	—	3	1	—	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—								
Syphilis, primary	6	3	—	—	—	—	—	—
„ secondary	—	2	—	—	—	—	—	—
„ latent in 1st year of infection ...	1	3	—	—	—	—	—	—
„ all later stages	37	19	—	—	—	—	—	—
„ congenital	8	5	—	—	—	—	—	—
Soft Chancre	—	—	7	1	—	—	—	—
Gonorrhœa, 1st year of infection ...	—	—	—	—	121	30	—	—
„ later	—	—	—	—	11	5	—	—
Conditions other than venereal	—	—	—	—	—	—	149	108
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	16	10	—	—	27	10	—	—
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	264	243	8	1	272	86	175	126
5. Number of cases discharged after completion of treatment and final tests of cure	21	19	4	—	80	36	138	106
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—								
Syphilis, primary	2	—	—	—	—	—	—	—
„ secondary	—	1	—	—	—	—	—	—
„ latent in 1st year of infection ...	—	—	—	—	—	—	—	—
„ all later stages	14	9	—	—	—	—	—	—
„ congenital	1	3	—	—	—	—	—	—
Soft Chancre	—	—	1	—	—	—	—	—
Gonorrhœa, 1st year of infection ...	—	—	—	—	11	2	—	—
„ later	—	—	—	—	1	—	—	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	18	15	—	—	24	4	—	—
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	22	14	2	1	50	13	—	—
9. Number of cases remaining under treatment or observation on 31st December ...	186	182	1	—	106	31	37	20
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ...	264	243	8	1	272	86	175	126
10. In-patients :—								
(a) Total number of persons admitted for treatment during the year	27	18	—	—	9	5	3	1
(b) Aggregate number of " in-patient days " of treatment given	29	26	—	—	205	77	3	20

Congenital Syphilis ages (Brighton cases) :—

Males—10 ; 12 ; 22 ; 28 years.

Females—8 ; 19 ; 45 ; 64 years.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough.	Brighton.	East Sussex.	West Sussex.	Other Districts.	Total.
Number of cases in Item 3 from each area found to be suffering from .—					
Syphilis	46	24	12	2	84
Soft Chancre	4	1	2	1	8
Gonorrhœa	113	41	4	9	167
Conditions other than venereal	151	72	22	12	257
TOTAL	314	138	40	24	516

Attendances were made at the female sessions of the Clinic during the year by 38 pupils from the Sussex Maternity and Women's Hospital, Buckingham Road.

ANNUAL RETURN FROM PATHOLOGICAL LABORATORY.

Pathological examinations made in the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, Brighton, by Dr. Galt, during the year ending on the 31st December, 1932, relating to persons residing in the County Borough of Brighton. .

Nature of Test.					
For Spirochetes	{	For Treatment Ctr.	...	{ Positive ...	1
				{ Negative ...	13
	{	For Practitioners	...	{ Positive ...	—
				{ Negative ...	27
For Gonococci	{	For Treatment Ctr.	...	{ Positive ...	178
				{ Negative ...	1261
	{	For Practitioners	...	{ Positive ...	15
				{ Negative ...	193
For Wasserman Reaction	{	For Treatment Ctr.	...	{ Positive ...	362
				{ Negative ...	785
	{	For Practitioners	...	{ Positive ...	36
				{ Negative ...	219
Other examinations	{	For Treatment Ctr.	...	...	99
		For Practitioners	...	...	49
Total					3238

Dr. Lawson, the Medical Officer to the V.D. Clinic, made 27 dark ground examinations, of which 3 gave positive results.

I set out below a return from which a better judgment can be made as to the source of the specimens than from the official form of the Ministry.

SOURCE OF V.D. SPECIMENS EXAMINED AT THE LABORATORY.

From the V.D. Centre	...	...	...	...	...	2699
From Consultants and Specialists in V.D. work from patients seen and treated privately	...	...	...	...	...	146
From Medical Officers in health services	...	...	...	...	...	69
From Hospitals	...	...	...	...	...	294
From sixteen General Practitioners, seven of whom were members of Hospital staffs	...	...	...	...	...	30

The above figures shew that whilst over 200 specimens are examined each month, only 1.1 per cent. of the whole are taken by the general practitioner.

That the general practitioner does not see or does not treat syphilis to any extent is strongly evidenced by the fact that only 10 doses of Salvarsan substitute for administration in private practice were applied for. One V.D. consultant specialist was supplied with 135 doses of Neo Salvarsan and 50 Sulpharsenol.

SANITARY ADMINISTRATION.

SANITARY INSPECTION.

In the following tables, prepared by the Chief Sanitary Inspector, the work of the Sanitary Department is stated, so far as possible in tabular form :—

Inspections during 1932.

Inspections under Housing Consolidated Regulations, 1925 :—						
Number of Streets	...	...	...	...	...	119
" " Houses	...	...	...	...	...	5041
Other Inspections of Houses	...	...	...	...	...	2789
Visits to Slaughter Houses	...	...	...	...	...	417
" Cowsheds	...	...	...	...	...	641
" Piggeries	...	...	...	...	...	91
" Bakehouses	...	...	...	...	...	224
" Dairies	...	...	...	...	...	774
" Premises where Ice Cream is manufactured or sold	...	...	...	...	...	464
Day Visits to Common Lodging Houses	...	...	...	...	...	54
Night "	...	...	...	...	...	8
Drains Tested by Volatile Test...	...	...	...	...	...	9
" Opened for Examination	...	...	...	...	...	13
Visits for Sundry Purposes	...	...	...	...	...	6215
" to look up Notices served	...	...	...	...	...	5131
Attendances at Police Court	...	...	...	...	...	19
Food Samples collected for Analysis	...	...	...	...	...	359
" " " " Bacteriological Examination	...	...	...	...	...	81
" " " " Examination for Tubercle bacilli	...	...	...	...	...	121
Fertilisers and Feeding Stuffs, samples for Analysis	...	...	...	...	...	5
Inspections of Stables	...	...	...	...	...	734
Letters sent to Schools and Public Library	...	...	...	...	...	1766
Inspections of Schools	...	...	...	...	...	—
Visits to Schools	...	...	...	...	...	138
Visits under Factory and Workshops and Shops Acts,	...	...	...	...	...	8810
" etc.	...	...	...	...	...	7
Visits to Houses Let in Lodgings	...	...	...	...	...	132
" Offensive Trades	...	...	...	...	...	19
Visits under Diseases of Animals Acts	...	...	...	...	...	2
Number of observations for black smoke	...	...	...	...	...	—
<i>Markets Committee—</i>						
1 Inspector	...	...	...	...	...	3 weeks
<i>Rent Restriction Act—</i>						
Inspections by Chief Inspector	...	...	...	...	...	—
Certificates Issued	...	...	...	...	...	—
Visits in respect of Sickness	...	...	...	...	...	7045
" to Disinfect Rooms	...	...	...	...	...	104
" for Removal of Bedding	...	...	...	...	...	178
						No. of Cases in which Bedding was removed.
						No. of rooms disinfected.
Scarlet Fever	...	...	...	...	...	49
Diphtheria	...	...	...	...	...	8
Phthisis	...	...	...	...	...	36
Scabies	...	...	...	...	...	14
Other	...	...	...	...	...	71
						24
						3
						51
						—
						26

The sanitary inspections enumerated in the preceding table have been followed by the serving of the notices given in the next table. A large proportion of the work is done as a result of verbal recommendations or preliminary notices :—

	PUBLIC HEALTH ACTS.				Section 17 of the Housing Act, 1930.	Total.
	Warning and Verbal Notices Complied with.		Statutory Notices Served.			
	Owners.	Occupiers.	Owners.	Occupiers.		
To provide the house with a water supply	51	—	—	—	—	51
To drain the premises into the common sewer	26	—	—	—	—	26
To re-lay the drain	4	—	7	—	—	11
To repair the drain	18	—	4	—	3	25
To clear the drain	90	—	7	—	—	97
To repair soil-pipes	5	—	—	—	—	5
To empty or cover cesspools, etc. ...	17	—	—	—	—	17
To provide new pans to closets	31	—	11	—	4	46
To refix closet pan	4	—	1	—	—	5
To provide the closet with a water supply	1	—	4	—	—	5
To repair flushing apparatus	58	—	8	—	5	71
To repair roofs, walls, seats or doors of W.C.'s	52	—	19	—	15	86
To ventilate or provide light to closets ...	3	—	1	—	—	4
To cleanse closets or urinals	—	8	—	7	—	15
To provide new glazed stalls with water supply to urinal	2	—	—	—	—	2
To provide a sanitary pail	3	—	1	—	—	4
To pave floor of closet with concrete ...	3	—	2	—	—	5
To pave or repave yards, sculleries or forecourts	62	—	20	—	13	95
To remove accumulations	—	26	—	9	—	35
To discontinue keeping animals so as to be a nuisance	—	15	—	11	—	26
To provide new galvanized dustbins ...	531	—	290	—	—	821
To discontinue using ashpits and provide galvanized dustbins	22	—	8	—	—	30
To provide a sufficient number of dustbins	19	—	7	—	—	26
To repair roofs	135	—	55	—	9	199
To hack off defective external plastering of walls and to re-render	31	—	18	—	13	62
To render walls	13	—	3	—	2	18
To repair walls	21	—	2	—	—	23
To repair or provide rain water guttering and piping	83	—	28	—	13	124
To repair defective chimney	5	—	1	—	—	6

	PUBLIC HEALTH ACTS.				Section 17 of the Housing Act, 1930	Total.
	Warning and Verbal Notices Complied with.		Statutory Notices Served.			
	Owners.	Occupiers.	Owners.	Occupiers.		
To renew or repair and paint window frames and sashes	65	—	9	—	18	92
To make windows open for ventilation ...	3	—	1	—	—	4
To ventilate rooms	3	—	1	—	—	4
To fix air bricks in front and back walls ...	7	—	1	—	3	11
To provide sashlines	29	—	6	—	6	41
To lay new board floors and provide ventilation under same	10	—	2	—	4	16
To repair flooring of rooms and staircases, baluster rails, etc.	85	—	25	—	16	126
To renew or repair and paint doors, door frames, door sills, etc.	18	—	5	—	11	34
To repair internal plastering of walls or ceilings	112	—	25	—	18	155
To cleanse & redecorate interior of house	193	—	74	—	23	290
To cleanse rooms, bedding, etc.	—	26	—	18	—	44
To repair washing coppers... ..	49	—	11	—	7	67
To repair firegrates	39	—	7	—	6	52
To provide a scullery sink with a water supply over	3	—	1	—	—	4
To provide new scullery sink with lead waste pipe	39	—	22	—	2	63
To renew, repair or lengthen waste pipes of sinks	22	—	8	—	1	31
To trap the sink waste pipes	—	—	3	—	—	3
To render wall round scullery sink	2	—	1	—	2	5
To abate overcrowding	—	7	—	13	—	20
To discontinue using rooms in basement as bedrooms	—	1	—	1	—	2
To improve the drainage and paving of stables	1	—	1	—	—	2
To cleanse stables	—	8	—	—	—	8
To linewash milk store or cowshed	—	1	—	—	—	1
To provide a damp proof course	1	—	—	—	—	1
To make sink waste pipe discharge over trapped sewerage drain leading to sewage pit	5	—	2	—	—	7
To remedy other defects	15	—	—	—	4	19

For notices served on owners and occupiers of Workshops, etc., see page 48.

LEGAL PROCEEDINGS.

Two prosecutions were instituted for overcrowding—one was withdrawn on payment of £1 costs; nuisance abated—in the other a fine of £1 was inflicted; nuisance afterwards abated. One person was prosecuted for keeping a cat so as to be a nuisance—an order was made for nuisance to be abated and further proceedings had to be taken for non-compliance with order; nuisance has now been abated.

THE REVISION OF THE WAITING LIST OF APPLICANTS FOR NEW HOUSES (9TH FEBRUARY, 1933).

The list of 764 applicants for new houses up to 1st December, 1932, has been revised by the staff of the Health Department. After deleting the names (200) of applicants who had removed from the addresses given and of those (37) not now wanting houses, 417 names remain on the list. In addition, there were 10 applicants living outside Brighton, or living with parents, or where the address given was not known.

It was in January, 1932, that the list was previously revised, so that since that date 200 applicants have been able to obtain other accommodation to that which they had at the time of application, this shows that the work of the Housing Committee of building many houses has enabled these families to obtain "housing" for themselves.

Taking more than 2 persons living in one room (excluding parents and 1 child) as a standard of overcrowding, there are 88 families on the revised list who badly need better housing; this number does not represent the whole of the overcrowded rooms in Brighton, but it does indicate the great lessening of overcrowding. Many bad cases of overcrowding were given accommodation in 1932, and such cases are now few in number.

The families now on the waiting list are as follows :—

No. of rooms occupied.	Applicants and number of children.									Total.
	None.	1 child.	2	3	4	5	6	7	8	
1	4	22	23	6	4	—	—	—	—	59
2	8	52	46	25	12	2	3	—	—	148
3	1	29	35	13	11	5	6	—	1	101
4	4	8	11	5	4	3	—	—	1	36
Railway Carriages ...	—	—	—	—	2	—	—	—	—	2
House or Flat	1	13	18	12	13	7	2	5	—	71
	18	124	133	61	46	17	11	5	2	417

It will be seen from the above table that 71 of the applicants have already a house or flat; also that 18 have no children, 124 have one child and 133 have 2 children; thus 66 per cent. of the total applicants have families of two children or less.

NUISANCE FROM DOGS.

From March, 1926, when the byelaw for the prevention of fouling of pavements by dogs was adopted, to December 31st, 1932, 76 persons were summoned, and the following penalties imposed: 2 fines of 2/6; 12 of 5/-; 1 of 7/6; 31 of 10/-; and 23 of £1. 5 cases dismissed on payment of costs under Probation of Offenders' Act. 2 cases dismissed.

HOUSING.

NUMBER OF SEPARATE DWELLINGS COMPLETED BY THE CORPORATION DURING 1932 :—

Whitehawk Valley (including 4 shops)	270
Rottingdean	12
Turner's Land	110
	—
	392
	—

The following statement shews the number of houses which the Corporation have built since the war :—

	Number completed at end of 1932.
May Road	14
Elm Grove	14
Natal Road (flats)	20
Moulsecoomb (including flats and shops)	530
Queen's Park	450
Loder Road and Balfour Road (flats)	56
Nesbitt Road	28
Hereford Street	40
North Moulsecoomb (including shops)	394
Freshfield Road	28
Whitehawk Valley (including shops)	618
Crescent Cottages (flats)	8
Bevendean Estate	72
Rottingdean	30
Turner's Land	110
Patcham built by Steyning East R.D.C. (acquired by Brighton)	40
	— 2452

The work planned but not completed included 277 houses in Whitehawk Valley and 3 in Lavender Street.

NUMBER OF HOUSES COMPLETED BY PRIVATE BUILDERS :—

	Separate dwellings	Houses converted into Flats. HOUSES. FLATS. Gain.
1918	5	—
1919	—	8 = 17 9
1920	16	11 = 40 29
1921	27	7 = 14 7
1922	5	2 = 10 8
1923	46	14 = 55 41
1924	126	13 = 33 20
1925	156	12 = 24 12
1926	257*	3 = 9 6
1927	331	15 = 36 21
1928	225	9 = 23 14
1929	284	7 = 18 11
1930	290	8 = 29 21
1931	318	15 = 42 27
1932	630†	18 = 52 34
	—	—
	2716‡	260

Total dwellings — 2976

GRAND TOTAL ... 5428

‡ 24 of these were flats contained in 7 buildings.

* 14 of these were one-room flats.

† Total new houses 2,678.

MUNICIPAL HOUSING SCHEMES.

ERECTED 1919—1932.

SCHEME.	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	TOTAL
May Road	14	—	—	—	—	—	—	—	—	—	—	—	—	14
Elm Grove	—	14	—	—	—	—	—	—	—	—	—	—	—	14
Natal Road (flats)	—	20	—	—	—	—	—	—	—	—	—	—	—	20
Moulsecroomb (including flats and shops)	—	192	278	—	8	4	24	24	—	—	—	—	—	530
Queen's Park	—	—	10	84	131	116	106	3	—	—	—	—	—	450
Loxley Road (flats)	—	—	—	—	—	24	32	—	—	—	—	—	—	56
Hereford Street	—	—	—	—	—	4	16	—	—	20	—	—	—	40
Nesbitt Road	—	—	—	—	28	—	—	—	—	—	—	—	—	28
North Moulsecroomb (including shops)	—	—	—	—	—	—	—	134	126	134	—	—	—	394
Freshfield Road	—	—	—	—	—	—	—	28	—	—	—	—	—	28
Whitehawk Valley (including shops)	—	—	—	—	—	—	—	—	60	84	154	50	270	618
Crescent Cottages (flats)	—	—	—	—	—	—	—	—	—	8	—	—	—	8
Bevendean Estate	—	—	—	—	—	—	—	—	—	—	72	—	—	72
Rottingdean	—	—	—	—	—	—	—	—	—	—	—	18	12	30
Tarner's Land	—	—	—	—	—	—	—	—	—	—	—	—	110	110
Patcham (acquired)	—	—	—	—	—	—	—	—	40	—	—	—	—	40
	14	226	288	84	167	148	178	189	226	246	226	68	392	2452

ERECTED PREVIOUS TO 1919.

Tillstone Street (1-49, 67-73, and 2-74)	...	...	66
Edward Street (82 to 92A inclusive)	...	...	13
May Road (1-49 and 30-52)	...	...	37
Elm Grove (239-253)	...	...	8
St. Helen's Road (1-31)	...	...	31
Dewe Road (1-59)	...	...	30
			185

HOUSING TABLES REQUIRED BY THE MINISTRY OF HEALTH.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	7830
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	5041
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	26
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	902

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	707
---	-----

3. ACTION UNDER STATUTORY POWERS.

A.—*Proceedings under sections 17, 18 and 23 of the Housing Act, 1930.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	32
(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners	36
(b) by Local Authority in default of owners	—

B.—*Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	122
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners	88
(b) by Local Authority in default of owners	—

C.—*Proceedings under sections 19 and 21 of the Housing Act, 1930.*

(1) Number of dwelling-houses in respect of which Demolition Orders were made	26
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	4

D.—*Proceedings under section 20 of the Housing Act, 1930.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

E.—*Proceedings under section 3 of the Housing Act, 1925.*

(1) Number of dwelling-houses in respect of which notices became operative requiring repairs	—
---	---

(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners	1
(b) by Local Authority in default of owners	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—

F.—*Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.*

(1) Number of dwelling-houses in respect of which Closing Orders became operative	—
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	—
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	—
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

REMOVAL OF HOUSE REFUSE.

Refuse is most dangerous when decomposing in houses, or in their close vicinity, largely because of the breeding ground provided for flies. Unfortunately, in many cases no proper arrangements are made when houses are converted into flats for a suitable place for the dustbins, and in some boarding houses and hotels there is a lack of space for the number of bins required to hold a week's refuse. As a consequence, many well-founded complaints of nuisance are received. These complaints can be reduced only by a bi-weekly (twice-a-week) removal of refuse, which at the same time would prevent the breeding of flies. This is done from June to October, in respect of blocks of flats, boarding houses, hotels, restaurants, and the more congested poorer districts.

RATS AND MICE (DESTRUCTION) ACT, 1919.

The following is a summary of work undertaken during the year :—

5,580 baits laid ; this number does not include biscuit bait which was laid plentifully in places where rats were known to exist.

140 dead rats actually seen ; this number in no way represents the total number killed.

72 rats trapped in sewers.

During the year we examined the drains and frontages of 25 houses where rats were complained of ; defects found in the sewers or drains were remedied.

BRIGHTON CORPORATION ACT, 1931.

This Act came into force on the 1st April, 1932. The only new administrative action yet taken has been the registration and supervision of ice-cream manufacturers and vendors.

FOOD.

MILK SUPPLY.

Table shewing number of persons and premises registered for the sale of milk :—

	On Register 1st January, 1932.	New registra- tions during 1932.	Removed from Register during 1932.	TOTAL. 31st Decem- ber, 1932.
No. of dairymen	110	15	13	112
No. of dairies	161	5	16	150*
No. of cow-keepers (not selling milk by retail) ...	9	—	2	7
Persons registered for sale of milk in sealed bottles only (including sterilized milk)	96	30	20	106

*This figure includes 20 cowsheds.

ACTION TAKEN AS TO TUBERCULOUS MILK AND TUBERCULOUS CATTLE.

During the year 75 samples of milk (primary) were examined for the presence of tubercle bacilli and in 12 samples (16 per cent.) tubercle bacilli were found. In 5 cases no result was obtained, the guinea pig having died from some other cause than tubercle.

After veterinary examination of the herds concerned, 118 further samples of milk (secondary) were taken and submitted for examination.

The 12 primary samples giving evidence of tubercle implicated 13 farms. Investigations by the local authorities concerned resulted in eleven cows being dealt with under the Tuberculosis Order, 1925. The following is a summary of the farms concerned :—

- 4 cows from 1 farm.
- 2 cows from 1 farm.
- 1 cow from each of 4 farms.
- 1 cow from a group of 4 inter-related farms.
- No tuberculous animal was found at six farms.

Of the eleven cows slaughtered all were found on post-mortem examination to be affected with tubercle, the disease in six cases being advanced.

				<i>Number of animals</i>	
				<i>Inspected.</i>	<i>Found diseased.</i>
Cows in milk	...	...	...	475	11
Dry Cows	...	...	...	51	—
Other Bovines	...	...	...	11	—

In addition to the milk samples submitted to biological examination, thirty-six samples from suspected individual cows were submitted to microscopical examination for acid-fast bacilli and other bacteria.

In no case were acid-fast bacilli found, although six of the thirty-six duplicate samples, under biological test gave positive results. Streptococci were present in thirteen samples, staphylococci in three, pus in three, and blood and pus in one. Of the thirty-six samples, twenty-two were passed as satisfactory.

NOTIFICATIONS FROM THE ABATTOIR.

Infected Calves.—Letters were sent to the County Councils regarding 27 calves from 26 sources slaughtered at the Abattoir and found on post-mortem examination to be tuberculous. Investigations were conducted by the local authorities, with the following results :—

Mother of calf died, cause unknown	1
Mother of calf sold in market before investigations commenced	3

Animals slaughtered :

One cow from each of three farms.

Two cows from one farm.

All animals slaughtered were found to be affected with tubercle.

Infected Pigs.—Letters were also sent to local authorities regarding two batches of pigs suspected to be affected with tubercle due to milk feeding. Investigations showed in one case “one cow went wrong in her udder” and had been slaughtered before investigation. In the second case no cows were kept for the supply of milk for human consumption. Many fowls kept on the same ground as the pigs had died, and avian tubercle was suspected.

(For information as to administration in Brighton of the Tuberculosis Order, 1925, see page 46).

NUMBER OF LICENCES GRANTED UNDER THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Under the above Order, there were twenty-seven dairies licensed to sell “Certified” or highest grade milk; nine to sell “Grade ‘A’ (Tuberculin Tested)” milk, and fifteen to sell “Grade ‘A’” milk.

Four dairies were licensed for the production of “Pasteurised” milk, and this milk is on sale at their nine depôts. Eleven supplementary licences for the sale of “Pasteurised” milk were also issued. The proportion of milk pasteurised before sale in Brighton is estimated at 40 per cent. and this is all to the good seeing that 16 per cent. of raw milks examined shewed living tubercle bacilli.

BACTERIOLOGICAL EXAMINATIONS.

DESIGNATED MILK.

Eight samples of “Certified” Milk were submitted to bacteriological examination, with the following results :—

Producer.	<i>Bacterial Count per c.c.</i>			
A.	2150	5280	686	1076
B.	35000	2920	740	3550

Three tubes of 1/10 c.c. were taken from each of the above eight samples for examination for bacillus coli, with the following results :—

	<i>After 48 hours.</i>	<i>After 3 days.</i>
Acid and gas	2	2
Acid	18	18
Nil	4	4

Two samples of “Grade ‘A’ (T.T.)” milk were submitted to bacteriological examination with the following results :—

Bacterial count per c.c.	10720	3640
B. Coli was absent from each sample.		

NON-GRADED MILK.

Twenty-five samples of ordinary new milk were submitted to bacteriological examination. The results of the examination are summarised below :—

<i>Bacterial Count per c.c.</i>	<i>Number of samples</i>
Less than 100,000	15
Between 100,000—200,000	4
Between 200,000—300,000	4
450,000	1
612,000	1
Each sample was examined for B. Coli in 1/100 c.c.	
In 14 samples B. Coli was not found.	

Twelve samples reached the standard both in count and absence of B. Coli for "Grade 'A'" Milk. In two samples, although B. Coli were absent, high counts prevented them being passed as satisfactory.

Because of a child's illness, suspected to be due to milk infection, one sample was submitted to examination for pus and haemolytic streptococci. Conclusion was, no evidence of milk infection.

ICE-CREAM.

Nine samples of ice-cream were submitted to bacteriological examination.

One sample only was very satisfactory, having a bacterial count of 27,000 per c.c. and B. Coli absent in three tubes of 1/100 c.c. The remaining eight samples all contained B. Coli; the counts ranged from 40,000 to over 4 million.

FOOD and DRUGS (ADULTERATION) ACT, 1928.

Samples examined.

MILK.

A.—From all sources.

Total samples, 227. Formal, 203. Informal, 24.

B.—Wholesale Samples in course of Delivery, 74.

Average milk fat over samples examined	...	...	...	3.17%
No. of samples below standard	...	...	...	14, or 18.9%
Samples deficient in fat, 14.				

C.—Retail Samples from Shops and Roundsmen, 139.

Average milk fat over samples examined	...	...	...	3.40%
No. of samples below standard	...	...	...	22, or 15.8%
Samples deficient in fat, 11; in solids not fat, 8; and in both fat and solids not fat, 3.				

D.—Samples from Institutions, 14.

Average milk fat over samples examined	...	...	...	3.40%
No. of samples below standard	...	...	...	1, or 7.1%
Sample deficient in fat, 1.				

All samples were examined for preservatives, but in no case was preservative found.

Summary of Samples deficient in Fat.

Percentage of deficiency.	From all sources. A.	Wholesale samples. B.	Retail samples. C.	Institutions. D.
16·6	2	—	2	—
13·3	1	1	—	—
11·6	1	1	—	—
10·0	1	1	—	—
9·3	1	—	1	—
8·3	1	1	—	—
5·0	2	1	1	—
3·3	3	2	1	—
3·0	2	—	2	—
2·6	1	—	—	1
2·0	2	1	1	—
1·6	3	1	2	—
1·3	2	2	—	—
1·0	4	3	1	—
Total samples deficient in fat	26	14	11	1
Percentage over samples taken ...	11·5	18·9	8·0	7·1

Summary of Samples deficient in Solids not fat.

Percentage of deficiency.	From all sources. A.	Wholesale samples. B.	Retail samples. C.	Institutions. D.
8·0	1	—	1	—
2·0	2	—	2	—
1·1	1	—	1	—
1·0	4	—	4	—
Total samples deficient in solids not fat...	8	—	8	—
Percentage over samples taken ...	3·5	—	5·7	—

Summary of Samples deficient in Fat and in Solids not Fat.

Percentage of deficiency. Fat. Solids not fat.	From all sources. A.	Wholesale samples. B.	Retail samples. C.	Institutions. D.
6·3 2·0	1	—	1	—
5·0 9·0	1	—	1	—
5·0 2·2	1	—	1	—
Total samples deficient ...	3	—	3	—
Percentage over samples taken ...	1·3	—	2·2	—

LEGAL PROCEEDINGS RESPECTING MILK, AND MILK PRODUCTS.

No prosecution was called for during the year in respect of any samples below standard.

For selling milk in bottles which had not been filled and closed on registered dairy premises, one dairyman and five roundsmen were summoned in respect of seven offences. The following fines were inflicted :—

Dairyman	...	Fined	£3.				
Roundsman	...	„	£2	10	(previous conviction same offence)		
„	„	...	£2		„	„	„
„	„	...	£1	10	„	„	„
Two roundsmen...	„		10/-	each	(first offence)		

For carrying on the business of a manufacturer or vendor of ice cream without being registered, and for using premises for the manufacture of ice cream, the premises not having been registered, a man was fined 10/- or five days' imprisonment for each offence.

DRUGS.

Twelve samples of drugs were purchased. The samples were :—

Bicarbonate of Soda	...	...	...	6
Friars Balsam	...	...	...	6

Two samples of Friars Balsam were deficient respectively in Alcohol 12 per cent. and 6.6 per cent. Warning letters were sent to the Vendors.

MISCELLANEOUS.

Sixty-three miscellaneous samples were purchased, as under :—

Butter	...	...	...	10	Apples	...	...	...	6
Lard	...	...	...	11	Wrapped Cheeses	...	...	...	6
Vegetable Lard	...	...	...	2	White Pepper	...	...	...	1
Cornflour	...	...	...	6	Ground Ginger	...	...	...	6
Pearl Barley	...	...	...	6	Ice Cream	...	...	...	9

One sample of butter contained .34 per cent. excess water. Sample of white pepper proved to be black pepper. Two samples of apples contained Arsenic to the extent of 1.0 and .06 parts per million respectively. Warning letters were sent to each Vendor.

The percentages of fat in the samples of ice cream averaged 6.6 and ranged from 4.0 to 12.0. Bacteriological examination of these samples was also made (see page 41).

CONDENSED MILK REGULATIONS, 1923 and 1927.

Twelve samples of condensed milk were taken, three of which were full cream and nine machine skimmed. All samples were genuine.

No instances were noted of any infringement of the above Regulations.

PRESERVATIVES, Etc., IN FOOD REGULATIONS, 1925.

All samples of milk and certain of the miscellaneous samples were examined for preservatives, but no preservatives were found in any of these samples.

In addition, forty-five samples of food were examined, mainly for the detection of preservatives and prohibited colouring matter. The samples were as follows :—

Fresh Cream	8	Sultanas	6
Tinned Cream	8	Cream Buns	1
Sausages	9	Fruit Drinks	3
Corned Beef	1	Fruit Drink powders	3
Minced Meat	1	Sandwich Paste	1
Jams	4		

The sample of minced meat contained 130 parts per million of sulphur dioxide. A warning letter was sent to the Vendor. The other samples were satisfactory.

The average amount of milk fat in the fresh cream samples was 58·1 per cent., whilst the average amount in the tinned creams was 24·6 per cent

FOOD SURRENDERED FROM MARKETS AND SHOPS.

Beef, chilled	6923 lbs.	Potatoes	25½ tons
„ English	62 „	Apples	1½ barrels and 28 boxes
Veal	10 „	Almeira Grapes	120 lbs.
Sheep and Lamb	258 „	Cherries	7 baskets
Pork	13 „	Black Currants	6 boats
Bacon	630 „	Chicory	1 box
Suet and Fat	687 „	Tangerines	76 boxes
Ox Livers	265 „	Tinned Hams	45 lbs.
Other Organs	40 „	Tinned Chicken, Ham and	
Sheep and Lamb Livers... ..	226 „	Tongue Roll	15 „
Pig's Livers	6 „	Corned Beef	29 „
Chicken	8 carcasses	Tinned Prawns	18 „
Rabbits	23 carcasses and 37 lbs.	Wrapped cheeses	14 dozen portions
		Tinned Eggs	2 tins

FISH MARKET.

During the year the following unsound fish was surrendered in the Fish Market and destroyed :—

Wet Fish	8 tons 19 cwt.
Dried Fish	2 „ 16¾ „
Crabs, Shrimps, Prawns and Crayfish	1 „ ¼ „
Shell Fish	1 „ 3 „

FOOD SEIZED AND CONDEMNED BY A MAGISTRATE.

No food was seized during the year.

For selling imported meat that was not labelled in accordance with the Sale of Food Order, 1921, a butcher was summoned and fined £15, and £5 costs, or 41 days.

DISEASE IN MEAT.

Description.	Number of Animals or parts of Animals.	
	At the Public Abattoir.	In Private Slaughter Houses.
Beasts (whole carcase, including internal organs) ...	24*	4
Fore-quarters ...	18	—
Heads ...	94	5
Tongues ...	52	1
Lungs ...	195	10
Hearts ...	29	1
Livers ...	352	21
Other organs ...	149	13
Calves (whole carcase, including internal organs) ...	8	1
Fore-quarters ...	3	—
Heads ...	—	—
Tongues ...	—	—
Lungs ...	32	2
Hearts ...	31	2
Livers ...	28	2
Other organs ...	58	4
Sheep (whole carcase, including internal organs) ...	9	2
Fore-quarters ...	—	—
Heads ...	—	—
Tongues ...	—	—
Lungs ...	14	3
Hearts ...	3	—
Livers ...	369	32
Other organs ...	10	—
Pigs (whole carcase, including internal organs) ...	60	1
Fore-quarters ...	—	—
Heads ...	452	2
Tongues ...	317	—
Lungs ...	764	—
Hearts ...	644	—
Livers ...	1005	4
Other Organs ...	918	—

*In addition, nine cows were slaughtered under the Tuberculosis Order, 1925, eight carcasses being totally condemned.

The above table shows unsound meat condemned for all reasons, including tuberculosis. The number of animals slaughtered at the Brighton Abattoir, and found to have been affected with tuberculosis is separately shown in the following table :—

Animals killed at Brighton Abattoir.	Total number of Animals affected with Tuberculosis.	Percentage.	Whole Carcase Condemned	Percentage.
Beasts 2195	263	11·98	23	1·05
Calves 3020	31	1·03	7	0·23
Sheep & Lambs 11520	—	—	—	—
Pigs 16397	563	3·43	49	0·29

DISPOSAL OF CONDEMNED MEAT.

Condemned carcasses after being carbolised, are sold by the owner to soap manufacturers, the owner is also allowed to take away the hides.

Small portions of carcase, organs, and whole carcasses in anthrax, swine fever, foot and mouth disease, etc., are burned in the destructor which adjoins the Abattoir.

DISEASES OF ANIMALS ACTS.

TUBERCULOSIS ORDER, 1925.

Under the above Order, seven premises were reported to the Veterinary Officer. As a consequence of visits and inspections of the herds, ten cows were destroyed.

				<i>No. of animals</i>	
				<i>inspected.</i>	<i>found diseased.</i>
Cows in milk	...	...	...	228	10
Dry cows	...	...	...	14	—
Other bovines	...	...	...	—	—
Total				242	10

Upon post-mortem examination, eight cows were found to be affected with advanced tuberculosis within the meaning of the Order, and two were found to be affected with tuberculosis, not being advanced tuberculosis. The total compensation due to the owners was £50/10/-.

Salvage, after deduction of expenses incurred in and for the purpose of salvage, amounted to £8/12/2.

Of the ten cows destroyed, seven were giving tuberculous milk and shewing lesions of tuberculosis, two had tuberculosis of the udder, and one tuberculous emaciation.

At one farm only was no tuberculous animal found.

SWINE FEVER ORDER, 1908.

One suspected outbreak (two pig-keepers involved) was reported to the Ministry of Agriculture. The suspicion was not confirmed.

FOOT-AND-MOUTH DISEASE.

No case of Foot-and-Mouth Disease occurred in the Borough.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Five samples were taken under the Act.

The samples were as follows :—

Ground Oats	...	...	...	1	Nitrate of Soda	...	...	1
Bone Meal	...	...	...	1	Compound Fertilisers	...	...	2

All samples were satisfactory.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO SHOPS, FACTORIES, WORKSHOPS, WORKPLACES, BAKEHOUSES, AND OUTWORKERS.

NUMBER AND CLASS OF PREMISES ON THE REGISTERS, DEC. 31st, 1932. FACTORIES AND WORKSHOPS.

	Factories.	Work-shops.	Out-workers.
Railway Locomotive and Carriage Works ...	1	—	—
Motors, Cycles, and Coach Works ...	51	111	—
Smiths, Electrical and Metal Workers ...	51	86	—
Laundries, Dyers and Cleaners ...	29	38	—
Tailors ...	—	82	191
Ladies' and Children's Wearing Apparel ...	7	250	66
Boots, Leather Goods and Boot Repairs ...	66	119	33
Bakehouses ...	61	41	—
Preparation of Food and Drink ...	98	26	—
Building Trades ...	35	186	—
Furnishing Trades ...	31	158	22
Firewood and Saw Mills ...	23	4	—
Printers, Bookbinders, and Bagmakers ...	51	7	—
Photographers ...	2	38	—
Jewellers, Watchmakers, Opticians and Electro Platers ...	12	66	—
Florists, Natural and Artificial ...	—	20	—
Hairworkers and Wigmaking ...	—	18	—
Miscellaneous ...	27	91	2
Totals ...	545	1341	314

WORKPLACES.

Public Garages ...	127
Restaurant Kitchens ...	167
Places of Entertainment ...	24
Miscellaneous ...	19
Total ...	337

PREMISES UNDER THE FACTORY AND WORKSHOP ACTS ...	2537
„ „ SHOPS AND OTHER ACTS ...	5847
TOTAL PREMISES ...	8384

INSPECTIONS.

Factories ...	196
Workshops ...	554
Workplaces ...	260
Shops ...	7800
	8810

Notices have been served in respect of non-compliance with the various Acts as follows :—

FACTORY AND WORKSHOP ACT.

Notices <i>re</i> sending in lists of Outworkers	112
---	-----

PUBLIC HEALTH ACTS.

Sanitary defects in Factories and Workshops.

Workrooms overcrowded, badly ventilated, or in a dirty condition	48
Drains and sanitary conveniences unsuitable, defective or foul	39
Premises without sufficient or separate conveniences for the use of each sex	7
Bakehouses not complying with special regulations ...	58
Other Nuisances	24

Sanitary defects in Shops and Warehouses.

Drains and sanitary conveniences unsuitable, defective or foul	69
Premises dirty or with foul accumulations	20
Premises damp, roofs leaky or waste pipes defective ...	18
Premises without proper receptacles for trade refuse ...	24
Premises without sufficient or separate sanitary conveniences for the use of each sex	10
Other Nuisances	20
Notices served under section 72 P.H. Act, 1925, relating to precautions against contamination of food	17
Offences against the Sale of Food Order, 1921	4

MEAT REGULATIONS.

Warning letters <i>re</i> non-compliance with Articles 19, 20 and 21 relating to stalls, shops and transport	23
---	----

Merchandise Marks Act, 1926, and the Agricultural Produce (Grading and Marking) Act, 1928.

Failing to mark imported foods :—

Written cautions and circulars	79
Verbal cautions	18

Printed Notices and warning letters re breaches of the Shops Acts.

Failing to exhibit the prescribed notice <i>re</i> Assistants' Half-Holiday	125
Failing to exhibit the prescribed notice <i>re</i> Employment of Young Persons	45
Failing to comply with the Half-Holiday Closing Regulations 364 Extension, Suspension, Half-Holiday and Early Closing Orders were served.	39

THEATRES AND CINEMAS.

Warning letters respecting cleanliness, ventilation and sanitary defects	7
---	---

Total notices under all Acts	806
-------------------------------------	-----

During the year 339 new businesses have opened, 59 of which were entirely new shops, whilst 42 shops have been demolished in connection with street improvements.

Great improvement in conditions for the welfare of assistants is shewn in the construction of new shops, in the larger premises these comprise rest rooms, cloak rooms, room for meals, and ample lavatory accommodation.

New construction favours lock-up shops and offices or Departmental Stores, very few premises are now constructed or reconstructed as shops and dwelling-houses.

PETITIONS FOR SUSPENSION ORDERS UNDER THE SHOPS ACT, 1912, AND EXTENSION ORDERS UNDER THE SHOPS (HOURS OF CLOSING) ACT, 1928.

Orders were made in accordance with the petitions permitting extension during the four summer months of the general closing hours in a defined central area for Booksellers, Stationers, Newsagents, Fancy Goods Dealers, Photographers, Fruiterers, Florists and Greengrocers; also for the two Piers. Two petitions from Tobacconists did not show a majority in favour and were not granted.

A petition for suspension of the obligation to close on the weekly half-holiday throughout the town during the four summer months was strongly opposed and the proposed Order was withdrawn.

A petition for a similar suspension during the month of December was granted for all shops in the Borough, from December 5th to the 24th.

Certificates were also granted exempting four exhibitions from some of the obligations of the Act.

The Brighton Corporation Act has repealed the Byelaws in respect of Domestic Servants Registries, and substituted Registration and Byelaws for Employment Agencies and these are now administered by the Chief Constable.

TABLE REQUIRED BY HOME OFFICE.
1.—*Inspection of Factories, Workshops and Workplaces.*

Premises.	Number of	
	Inspections.	Written Notices.
Factories (including Factory Laundries)	196	} Including Notices <i>re</i> Out- workers Lists.
Workshops (including Workshop Laundries)	554	
Workplaces (other than Outworkers' premises)	260	
Total	1010	220

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Prosecutions.	
	Found.	Remedied.	Referred to H.M. Inspector.		
<i>Nuisances under the Public Health Acts :—*</i>					
Want of cleanliness	113	110	—	}	
Want of ventilation	8	7	1		
Overcrowding	—	—	—		
Want of drainage of floors	6	5	—		
Other nuisances	18	16	—		
Sanitary accommodation {	insufficient	2	1		
	unsuitable or defective	21	20		
	not separate for sexes	5	4		
<i>Offences under the Factory and Workshop Acts :—</i>					
Illegal occupation of underground bakehouse (s. 101)	4	4	—		
Other offences	2	—	2		
(excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).					
Total	179	167	3	—	

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

TABLE I.

YEAR.	Population.	REGISTERED BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1932 ...	145,500	2120	1873	12.87	2180	14.98	302	147	76	41	2025	13.92

Total Births notified numbered 2,141 ; (1) by doctors, 244 ; (2) by midwives, 1,824 ; (3) by parents, 49 ; by (1 and 2) 21 ; by (1 and 3) 1 ; by (2 and 3) 2.

In addition to above, 102 stillbirths were notified, 91 by midwives and 11 by doctors.

52 Notifications were received only after warning letters to the parents.

TABLE II.

Name of Ward.	Total Number of Births.	Number of deaths during 1932, from							
		All causes.	Under one Year of age.	Diphtheria.	Whooping Cough.	Pulmonary Tuberculosis.	Other Tuberculous Diseases	Bronchitis and Pneumonia.	Diarrhoea and Enteritis.
King's Cliff ...	133 (7)	135	4	—	—	8	—	11	1
Queen's Park ...	116 (4)	140	3	1	1	8	—	22	—
Pier ...	131 (3)	131	4	1	—	8	1	15	—
Pavilion ...	29 (1)	46	2	—	—	2	—	4	—
Regency ...	44 (3)	75	2	—	—	3	1	15	—
West ...	30 (3)	94	4	—	—	2	2	7	1
Montpelier ...	80 (3)	94	4	—	—	4	—	13	1
St. Nicholas' ...	94 (3)	109	5	—	—	4	1	12	1
St. John's ...	162 (1)	139	6	—	—	10	3	17	—
Hanover ...	141 (—)	136	8	—	2	11	3	15	1
St. Peter's ...	71 (—)	70	—	—	—	9	—	7	—
Elm Grove ...	133 (3)	110	2	—	—	7	—	9	—
Lewes Road ...	77 (—)	91	—	—	—	4	2	12	1
Moulscroomb ...	148 (1)	80	7	—	—	9	—	7	—
Preston Park ...	75 (5)	135	1	—	—	4	—	10	—
Hollingbury ...	120 (5)	137	6	—	—	6	2	10	—
Preston ...	76 (1)	176	3	—	—	8	—	9	1
Patcham ...	36 (1)	34	5	—	—	1	1	5	—
Rottingdean ...	123 (1)	69	8	—	—	1	1	4	1
Address not known	—	*24	2	—	1	1	—	3	—
Mothers confined in but not belonging to Brighton in Private Homes, 22; Nursing Homes, 18; Maternity Hospital, 219; New Sussex Hospital, 2; Alden Hall Home, 39; Poor Law Institution, 4.	301	—	—	—	—	—	—	—	—
Total ...	2120 (45)	2025	76	2	4	110	17	207	8

The figures in brackets represent Brighton children born in Nursing Homes. 257 Brighton children were born in the Sussex Maternity and Women's Hospital, and 139 in the Poor Law Institution; the births have been allocated to the Ward in which the mother lived.

The total births in the Poor Law Institution was 143 (legitimate 86; illegitimate 57).

* Of these, 21 died in Brighton Poor Law Institution and 3 in the Brighton Borough Mental Hospital.

TABLE III.

INFANT MORTALITY, 1932.—*Nett Deaths from stated Causes at various ages under One Year of age*

CAUSE OF DEATH.	Under 1 Week.		1-2 Weeks.		2-3 Weeks.		3-4 Weeks.		Total under 4 Weeks.		1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under one Year.
	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.
Whooping Cough ...																		1				2
Tuberculosis of the respiratory system ...																1						1
Syphilis ...							1		1													1
Tumours of undetermined nature ...											1											1
Rickets ...																			1			1
Diseases of the thymus ...												1										1
Leukaemia ...														1								1
Cerebral hæmorrhage ...	2								2				1									3
Infantile convulsions ...	1			1					2					1					1			3
Diseases of the larynx ...																						1
Bronchitis ...							1		1													2
Broncho-pneumonia ...	1			1					2		2	1	1				1	2	1	1	1	18
Lobar pneumonia ...				1					1													1
Diarrhoea and enteritis ...																						4
Congenital malformation of heart ...	2								2			1				1						4
Monstrosities ...		1							1													1
Other congenital malformations ...													1									2
Congenital debility ...	1								1													7
Premature birth ...	6	7					1		6		2	4										17

TABLE III.—(continued).

CAUSE OF DEATH.	Under 1 Week.		Weeks.		Weeks.		Weeks.		Total under 4 Weeks.		1-2 Months.		2-3 Months.		3-4 Months.		4-5 Months.		5-6 Months.		6-7 Months.		7-8 Months.		8-9 Months.		9-10 Months.		10-11 Months.		11-12 Months.		Total Deaths under one Year.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Injury at birth	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Atelectasis	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Icterus neonatorum	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Accidental mechanical suffocation	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	
Totals	...	16	14	1	1	2	2	1	—	20	17	5	2	3	1	1	2	1	3	1	3	2	3	2	1	3	—	2	1	2	—	1	76

TABLE IV.—*Causes of Death during 1932.*

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																Total.	M.	F.												
		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +															
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.															
I.—INFECTIOUS AND PARASITIC DISEASES—																																
Typhoid fever ...	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ...	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	4	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ...	50	18	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ...	6	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system ...	110	71	39	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the central nervous system ...	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of intestines and peritoneum ...	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of vertebral column	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of skin and sub-cutaneous tissues ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of genito-urinary system ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disseminated tuberculosis ...	4	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ...	7	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Purulent infection, Septicæmia...	6	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mycoses ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
II.—CANCER AND OTHER TUMOURS—																																
Cancer of the buccal cavity and pharynx ...	11	8	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE IV.—(continued).

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																															
		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85 +	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer and other tumours (<i>contd.</i>)—																																	
Cancer of the digestive organs and peritoneum ...	159	64	95	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	5	5	11	14	25	27	30	14	20	—	4
Cancer of the respiratory organs ...	22	16	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1	5	4	6	1	1	—	—	—	
Cancer of the uterus ...	24	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	4	—	3	—	4	—	8	—	3	—	—	
Cancer of other female genital organs ...	8	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cancer of the breast ...	28	—	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	—	8	—	7	—	1	—	—	—	
Cancer of the male genito-urinary organs ...	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	1	
Cancer of the skin ...	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Cancer of other organs ...	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cancer (unspecified organs) ...	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Non-malignant tumours... ..	9	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tumours of undetermined nature	6	2	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
III.—RHEUMATISM, DISEASES OF NUTRITION AND ENDOCRINE GLANDS AND OTHER GENERAL DISEASES—																																	
Rheumatic fever	10	4	6	—	—	—	—	—	—	—	—	1	—	—	—	1	2	1	—	—	—	—	—	—	1	—	1	—	2	—	—	—	
Rheumatoid arthritis, Osteoarthritis	11	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Gout	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diabetes	37	12	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rickets	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Exophthalmic goitre	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Myxoedema	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diseases of the thymus	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other general diseases	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE IV.—(continued).

CAUSE OF DEATH	AGES AT DEATH.																	
	Total. M. F.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +	
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	F.
IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS— Hæmorrhagic conditions ... Pernicious anæmia ... Leukaemia ... Aleukaemia ... Diseases of the spleen ...	Total Deaths at all Ages.	3	11	3	6	1												
		2	7	1	5	1												
		1	4	2	1	1												
		2	1	1	1	1												
		1	1	1	1	1												
V. CHRONIC POISONING ...																		
VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS— Encephalitis ... Meningitis... Tuberculous ... Other diseases of the spinal cord ... Cerebral hæmorrhage ... Cerebral embolism and thrombosis ... Hemiplegia ... General paralysis of the insane... Other forms of insanity ... Epilepsy ... Infantile convulsions ... Other diseases of the nervous system ... Otitis ... Diseases of the mastoid sinus ...		2	2	5	3	66	30	2	3	5	9	3	14	2	1			
		1	1	2	3	1	2	3	1	2	3	4	3	10	2	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

TABLE IV.—(continued.)

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																		
		Total.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
VII.—DISEASES OF THE CIRCULATORY SYSTEM—																				
Pericarditis ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Acute endocarditis ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Aortic valve disease ...	20	16	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mitral valve disease ...	26	7	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Aortic and mitral valve disease	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Endocarditis not returned as acute or chronic ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other or unspecified valve disease ...	19	4	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diseases of the myocardium ...	244	106	138	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diseases of the coronary arteries,																				
Angina pectoris ...	24	14	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of the heart ...	29	17	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Aneurysm ...	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Arterio-sclerosis ...	205	96	109	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Abnormalities of blood pressure	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
VIII.—DISEASES OF THE RESPIRATORY SYSTEM—																				
Diseases of the larynx ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bronchitis ...	81	34	47	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Broncho-pneumonia ...	83	47	36	13	5	2	4	—	—	—	—	—	—	—	—	—	—	—	—	
Lobar pneumonia ...	26	13	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia (not otherwise defined)	17	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pleurisy ...	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Congestion and hemorrhagic infarct of lung, etc. ...	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE IV.—(continued).

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																	
		Total.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +	
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	F. M.	F. M.
Diseases of the Respiratory System (<i>contd.</i>)																			
Asthma	11	5	6	—	—	—	—	—	—	—	—	—	—	1	2	2	3	1	—
Other diseases of the respiratory system	3	2	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
IX.—DISEASES OF THE DIGESTIVE SYSTEM—																			
Diseases of the buccal cavity, pharynx, etc.	7	3	4	—	1	—	—	—	—	1	—	—	—	2	1	—	—	—	—
Diseases of the œsophagus	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Ulcer of the stomach	19	12	7	—	—	—	—	—	—	—	2	1	3	3	—	2	1	1	—
Ulcer of the duodenum	8	5	3	—	—	—	—	—	—	—	—	—	—	—	2	2	1	1	—
Other diseases of the stomach	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—
Diarrhoea and enteritis	8	2	6	1	3	—	—	—	—	—	—	—	—	1	—	—	1	2	—
Appendicitis	13	8	5	—	—	—	—	—	1	—	—	1	1	1	3	3	—	—	—
Hernia	5	3	2	—	—	—	1	—	—	—	—	1	1	—	1	1	—	—	—
Intestinal obstruction	10	6	4	—	—	—	—	—	—	—	1	1	—	—	2	—	—	—	—
Other diseases of the intestines...	7	1	6	—	—	—	—	—	—	—	—	1	—	—	1	1	1	—	1
Cirrhosis of the liver, not returned as alcoholic	8	4	4	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—
Biliary calculi	6	2	4	—	—	—	—	—	—	—	—	—	—	—	1	2	2	—	1
Other diseases of the gall bladder and ducts	7	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the pancreas...	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
X.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA—																			
Acute nephritis	3	2	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—

TABLE IV.—(continued).

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.															
		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Non-Venereal Diseases (<i>contd.</i>)																	
Chronic nephritis...	50	29	30														
Nephritis not stated to be acute or chronic ...	5	3	2														
Other diseases of the kidney and annexa ...	6	3	3														
Calculus of the urinary passages...	2	2															
Diseases of the bladder ...	2	2															
Diseases of the urethra, urinary abscess, etc. ...	4	4															
Diseases of the prostate...	22	22															
Diseases of the male genital organs ...	1	1															
Diseases of the female genital organs ...	1		1														
XL.—DISEASES OF PREGNANCY, CHILD-BIRTH AND THE PUERPERAL STATE—																	
Abortion not returned as septic...	1		1														
Puerperal albuminuria and convulsions...	1		1														
Puerperal phlegmasia alba dolens, embolism, and sudden death...	1		1														
Other accidents of childbirth...	1		1														
XLI.—DISEASES OF THE SKIN AND CELLULAR TISSUE—																	
Carbuncle ...	1	1															
Other diseases of the skin and its annexa ...	1		1														

TABLE IV.—(continued).

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																
		Total.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
XIII.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION— Acute infective osteomyelitis and periostitis	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
XIV.—CONGENITAL MALFORMATIONS— Congenital malformation of heart	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monstrosities	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other congenital malformations	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XV.—DISEASES OF EARLY INFANCY— Congenital debility	7	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature birth	17	9	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at birth	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Icterus neonatorum	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XVI.—OLD AGE— Senile dementia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Other forms of senile decay	142	42	100	—	—	—	—	—	—	—	—	—	—	1	3	824	6314	29
XVII.—DEATHS FROM VIOLENCE— Suicide by solid or liquid poisons and corrosive substances ...	5	1	4	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Suicide by poisonous gas	12	6	6	—	—	—	—	—	—	1	—	1	—	3	1	2	1	—
Suicide by drowning	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Suicide by firearms	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Suicide by cutting or piercing instruments	3	2	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—

TABLE IV.—(continued).

CAUSE OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																															
		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85 +	
		M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.	M.	F.M.
Deaths from Violence (<i>contd.</i>)																																	
Suicide by jumping from high place	5	2	3																	1	1							1	—	—	—	1	
Accidental absorption of irri- spirable or poisonous gas...	2	—	—																	—	—							2	—	—	—	—	
Accidental burns	5	3	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	
Accidental mechanical suffoca- tion	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Accidental drowning	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Accidental injury by fall, crushing, etc.	37	25	12	—	—	—	—	—	2	1	—	2	1	2	—	1	—	1	—	2	—	6	2	4	—	3	3	1	3	—	—	3	
Violent deaths of unstated nature (<i>i.e.</i> , accidental, suicidal, etc.)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
NVIII.—ILL-DEFINED DISEASES—																																	
Heart failure	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
TOTAL	2025919	110643	33	7	10	2	4	3	3	4	16	7	5	10	14	9	22	13	33	31	45	58	100	92	151	164	247	282	175	287	62	102	

APPENDIX I.

A FRAGMENT OF EPIDEMIOLOGICAL HISTORY. SHELL-FISH AND TYPHOID FEVER.

The history of the discovery of the relation of sewage-contaminated shell-fish to enteric fever and other acute intestinal infections has a general public health interest, and as Brighton was a pioneer in the elucidation of this relationship, I have thought it desirable to place on record in my Annual Report the chief steps in this investigation and in the adoption of practical preventive measures.

Annual Death-Rates from Enteric Fever per 100,000.

	1871- '75	'76- '80	'81- '85	'86- '90	'91- '95	'96- 1900	'01- '05	'06- '10	'11- '15	'16- '20	'21- '25	'26- '30
England and Wales ...	37	28	22	18	18	18	11	7	5	2	1	0.9
Brighton ...	32	16	24	13	10	15	5	4	3	1	0.6	0.8

The above table of mortality from enteric fever in England and Wales and in Brighton shews how rapidly this disease declined during the earlier years in which public water supplies were installed and domestic sanitation improved. Then, from 1885, the decline was checked and it became evident that other means of spread of infection remained unaffected.

From 1899 onwards a second period of more rapid decline began and has continued, and this new expediting of the rate of decline was coincident with the attention drawn in Brighton and elsewhere to shell-fish as media for conveying enteric fever to those eating them. It was in March, 1894, that the then Medical Officer of Health of Brighton, Dr., now Sir Arthur Newsholme, first reported that in a high proportion of the cases in that town the one distinguishing feature among the victims was the consumption of shell-fish during the 21 days preceding their illness. During 1894 to 1899 there was much scepticism as to this relationship between shell-fish and enteric fever, but happily (unhappily for the victims) large-scale experiments on the diners at public and commemoration dinners carried conviction to the most sceptical, and reform became practicable. (One of these occurred in a college in Connecticut, in the autumn of 1894).

In 1896 the Brighton Corporation tried to obtain parliamentary power to control the contaminated oyster layings, from whose dire influence they suffered, but the Parliamentary Committee, advised by a Government Department, threw out the Bill. The evidence at this hearing is even now interesting, as bearing on practical epidemiology.

The evidence of the Medical Officer of Health was to the effect that approximately one-third of the local cases of enteric fever resulted from the eating of shell-fish; that in another third other sources could be traced, or the cases were imported; and that the source of a third of the total cases could not be traced. It was on this last third that a distinguished member of the Parliamentary Committee fastened. May not the unknown cause or causes of these cases have been responsible for the third of total cases attributed to shell-fish?

The Medical Officer of Health, in his evidence, emphasized the circumstantial evidence as to the relation of shell-fish with the disease:—

1. Members of the same family who did not eat oysters escaped;
2. While it was true that many eating these oysters escaped, it was unreasonable to expect every oyster to be specifically contaminated;
3. That many eating oysters, while escaping enteric fever, suffered from acute diarrhoea and vomiting within a few hours after their contaminated meal;
4. That others, first had this attack of diarrhoea, etc., and ten to fourteen days later started with enteric fever.

A considerable number of former victims gave evidence, illustrating the above points, but the Parliamentary Committee, in its wisdom, or unwisdom, rejected the Bill.

In 1908, Blackburn succeeded where Brighton, in 1896, had failed.

The logical difficulty raised above is interesting, but its significance is that, inasmuch as water contamination or the eating or drinking of sewage-contaminated food did not explain every case of enteric fever, there remained the need for further investigation.

The clue was supplied a few years later. It was found by H. S. Hartley that typhoid bacilli might persist for a long time in the urine, and Koch, in 1902, emphasised the importance of the typhoid carrier as an epidemiological factor. It is unnecessary to follow subsequent evidence of the importance of the "carrier," and only three remarks are needed.* First, the circumstantial evidence adduced in the Brighton hearing was as conclusive as it could be in the then state of medical science; second, it is incumbent in the practice of public health that action should be taken if the evidence satisfies common-sense deductions, even although it stops short of complete demonstration; and third, the history of enteric fever, as shewn in the experience of Brighton and England since 1894, proves that the discovery of the importance of contaminated shell-fish and of unrecognised carrier cases—other sources of infection having been in large measure eliminated—has been a supremely important factor in the rapid diminution of this disease, which may now be said to be almost disappearing.

For convenience of record there is given here a chronological statement of investigation and action in regard to shell-fish and enteric fever.

Chronological Data.

1. At the 48th Annual Meeting of the British Medical Association, held in Cambridge in 1880, Sir Charles A. Cameron read a paper on "Sewage in Oysters," which is summarised in the British Medical Journal for September 18th, 1880. He pointed out that the oysters on the north side of Dublin Bay, at low tide, were literally bathed in sewage. He suggested that if typhoid could be transmitted through the media of potable water and milk, it was at least as likely that oysters, taken raw, might be the vehicle of the materies morbi of typhoid fever, or other disease. "It was clear that oyster beds should not be laid down at any point on or close to the mouth of a sewer."

2. In March, 1894, the Medical Officer of Health of Brighton reported eight cases of enteric fever which appeared to be caused, some by mussels and some by oysters, derived from Shoreham Harbour (a few miles from Brighton).

3. At intervals during the same year he made further reports to the same effect to the Town Council of Brighton.

4. On the 20th April, 1894, he consulted with Mr., later Sir William H. Power, then the Assistant Medical Officer of the Local Government Board, as to possible lines of action against this source of infection.

5. On 18th August, 1894, the Medical Officer of Health again visited the oyster ponds in Shoreham Harbour, and reported that although the Southwick sewers, which previously discharged close to these ponds, had been lengthened, they remained in dangerous proximity to the ponds and were still causing enteric cases in Brighton.

6. On December 5th in the same year, 1894, a deputation waited on the Local Government Board, consisting of the Town Clerk, Sir Joseph Ewart (Chairman of its Sanitary Committee) and the Medical Officer of Health. They were received by Sir Walter Foster (afterwards Lord Ilkeston) who was then Parliamentary Secretary to the Board, by Sir Hugh Owen (Permanent Secretary) and Sir Richard Thorne (Chief Medical Officer). Much sympathy with the Brighton Corporation was expressed, and the advice was given that oysters from this source should be seized under the same powers as are given in respect of diseased meat. It was pointed out that this procedure was impracticable, for obvious reasons.

7. On January 30th, 1895, the Medical Officer of Health re-inspected the oyster ponds in question, along with Dr. H. T. Bulstrode, of the Medical Staff of the Local Government Board. This visit was paid in connection with the "decision of the

*The evidence and its bearing on general epidemiological investigation is given rather fully in a paper on "The spread of enteric fever by means of sewage-contaminated shell-fish." Journal of the Sanitary Institute, Vol. XVII., Part III.

Board, made early in 1895, that the Medical Department should undertake a comprehensive inquiry " into the circumstances under which molluscs were cultivated and stored along our coasts.

8. Dr. Bulstrode's very comprehensive report was issued near the end of the year 1896, " On Oyster Culture in Relation to Disease," and it was followed, in 1911, by a further report, giving valuable evidence in addition as to shell-fish other than oysters.

9. Towards the end of 1894 (the preface is dated December of that year) the Local Government Board issued " Report on Cholera in England in 1893." The preface to this published report is dated December, 1894, but the investigations on cholera embodied in it were made in the autumn of 1893, though the facts elicited were not available before the end of 1894. The reports on a few groups of cases of cholera in Grimsby, Cleethorpes and a few other places led Sir Richard Thorne (then Chief Medical Officer of the Local Government Board) " to express the conviction that shell-fish from these places must, in some cases, remain under suspicion as having contributed to the diffusion of the disease." (Preface to Dr. Bulstrode's Report.)

10. In May, 1896, the Corporation of Brighton sought Parliamentary powers which would enable them to inspect suspected oyster layings and ponds and other places in which shell-fish might be exposed to sewage, when the Medical Officer of Health was of opinion that infectious disease had been derived from these shell-fish ; and to prohibit the supply within the borough of these shell-fish. The Bill was rejected, and it was not until 1908 that the Corporation of Blackburn secured similar local powers. More general powers of control have followed.

APPENDIX II.

HOUSING.

The birth-rate of the country is steadily falling. The Brighton figures shew that away back in the eighties and nineties there were 3,000 births and 2,000 deaths each year in Brighton, so that, apart from immigration, the population used to be increased by 1,000 each year. Those were the days when we had a large child population; there were 19,000 elementary school-children in 1901. Ever since that time the natural increase of population has steadily diminished, and in 1928, for the first time, deaths exceeded births in number, and the number of elementary school-children had fallen to some 16,000. Last year's figures are 1,873 births and 2,025 deaths, an excess of 152 deaths. For the whole country a stationary or diminishing population is expected in the forties.

*The effect of the approximation of the birth
and death rates on our housing problem.*

In 1911, there were over 1,700 empty houses in Brighton. Since that time the population of Brighton and the added areas have increased by some 10,000 persons. To house these we have to add to the 1,700 empty houses, 2,452 houses built by the Council and 2,976 extra dwellings provided by private enterprise, a total of 7,128 dwellings. Even after making allowance for houses demolished during the same period, say 500, we have sufficient left to house 26,000 persons (4 per house). Why is it, with this added accommodation, that we have 400 families applying for new houses at Whitehawk? There are several reasons:—

(a) Decrease in size of families.

Since 1911, families have become steadily smaller. In 1911, in Brighton there were 3·98 per family, in 1921 3·79, and in 1931 3·41, and although the population has increased by only some 10,000 persons, the number of families have increased by some 7,500 families (this allows for 1,000 families in the added areas who did not migrate from Brighton).

To find out if the size of working-class families, the people for whom the Council builds houses, had fallen to the same extent, the figures for 1,000 houses in streets occupied by the working-classes have been taken out round about 1909, 1923 and 1932. In 1909 the working-class family averaged 5·2 persons, in 1923 4·8 persons, and in 1932 4·2 persons. The actual fall is greater than the apparent fall, as now far fewer girls leave their homes to become domestic servants living in.

(b) Housing conditions now and before the war.

Our house-to-house inspections around 1909 shew that although in working-class streets 7 per cent. of the houses were empty, in *one in every three* houses there were more than two families, and in three per cent. there were three families; in 1932, in the same streets, there were practically no vacant houses, in only *one in every four* houses were there two families, and in 4 per cent. there were three families. The housing conditions now are therefore greatly superior to the housing conditions before the Great War, in so far as there are both fewer families and fewer persons per house.

The further question arises, why was it that before the War, when there were fewer houses to go round, when in one of every three of working-class houses there were two or more families, we had not got people clamouring for houses? It was because the families in sub-let rooms could not afford even the low rents of the vacant houses, and as they had to find their own accommodation they had to stay where they were. Now the Council have large housing estates, the money value of the weekly wage is higher than pre-war, large sums are distributed each year in the form of War Pensions and to the unemployed, and all these changes enable many families, who previously would have had to crowd into lodgings, to occupy houses of their own.

*The origin of our housing problem is not increased population
but changed conditions.*

Every family prefers to have a house to themselves if a house is to be had and they can pay the rent; in pre-war times many houses were vacant, but every fourth family could not pay even the pre-war rents.

Present conditions.

- (1) The working-class family now averages 4 persons, and not 5 persons as before the war, so with one less to keep there is more money for rent.
- (2) The money value of weekly wages is higher.
- (3) Large sums are now distributed as war pensions and in unemployment pay.
- (4) Rent restriction and control have in time led to houses for large families being occupied by two persons only.

The present-day housing problem has arisen from the combined action of all these changed conditions.

Housing Slump.

Will the time come again when there will be rows of empty houses in Brighton? That depends a great deal on employment, the money value of wages, and the continuance of unemployment pay. So long as the working man can get together enough to pay the rent he will always get a house for himself and his family if possible. As there are still a great many houses in Brighton occupied by two or more families, Brighton has not overbuilt as to the number of houses, the question as to whether or not she has built the right types of houses is discussed later. If the money value of wages falls, the greater the fall the greater will be the number of empty houses. If the money value rises there will be a demand for more houses.

Rent Restriction Act.

Like every good Act it has its drawbacks, and these become more apparent as time goes on. If you or I occupied a house at a rental of 8/- a week, if in course of time our children got married and left us, would we be likely to say we have two bedrooms empty, we must leave here and find a smaller house. No, I think that we would argue that a smaller house was difficult to find and that, in any case, we would have to pay a bigger rent for it and that it would be foolish to move.

Returning to our figures for working-class houses, we find that the number of families requiring two-bedroomed houses have steadily increased.

				<i>Average per working-class family.</i>	<i>Percentage requiring two-bedroomed houses or less.</i>
Pre-war	...	...	...	5.2	33.1
1920-25	...	...	...	4.8	50.9
1932	...	...	...	4.2	55.6

If before starting our housing programme we had been guided by the needs of the working-classes, we should have provided the following types of house :—

- 20 per cent. with one bedroom ;
- 34 per cent. with two bedrooms ;
- 34 per cent. with three bedrooms ;
- 16 per cent. with four or more bedrooms.

As it happened, our policy was to house large families, with the result that at first we built almost exclusively three-bedroomed cottages, more recently 400 two-bedroomed dwellings, but not a single one-bedroomed flat. Our past policy has led to an ill-balanced distribution of houses, instead of all types being mixed together, as is desirable, hundreds of houses of one type are massed together. Otherwise, most of our new houses are excellent and, apart from economy, no one minds the building of houses with more rooms than necessary, as an extra bedroom is useful as a spare room or to let to a lodger and so reduce the rent. *When the third bedroom is an unhealthy room* and cramps the remaining accommodation it is a very different matter.

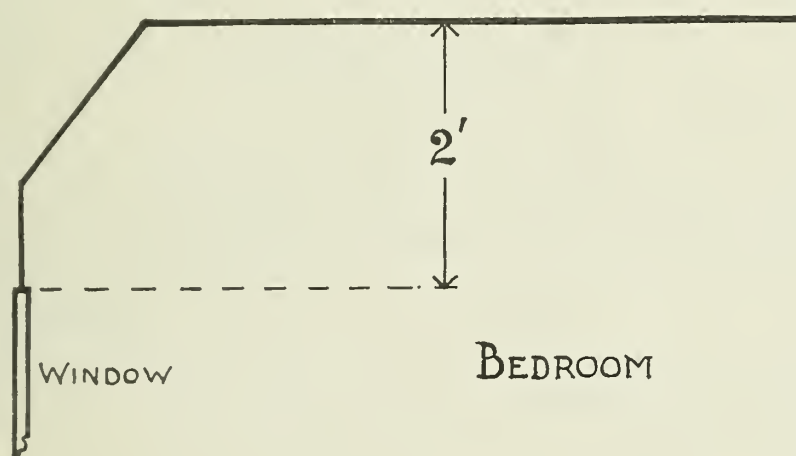
Recently local authorities have been compelled by the Ministry of Health to concentrate more and more on cheapness. The result has been smaller and smaller houses, in which three bedrooms have been crowded on to the space required for two healthy bedrooms.

The Ministry of Health in 1924 advised local authorities that the minimum and maximum floor space permissible for subsidy houses were 620 and 950 square feet, and pointed out that rooms of the following sizes, *which have been regarded as affording a desirable standard*, can be obtained within the limits permitted :—

- Living room, 180 sq. feet.
- First bedroom, 150 sq. feet.
- Second bedroom, 100 sq. feet.
- Third bedroom, not less than 65 sq. feet.

Sir Ernest Simon says that it is agreed that the minimum superficial area in a three-bedroomed non-parlour type of house is 760 square feet. At present, with the consent of the Ministry, many houses are being built which do not conform to the standards recommended earlier by the Ministry, the superficial area is only some 700 square feet, and the third bedrooms are all tiny rooms, some of them having a floor space of only some 63 square feet, being actually less than the absolute minimum previously prescribed by the Ministry of Health. These third bedrooms are flueless, tiny rooms, which cannot be ventilated without draught, and are quite unhealthy for even one adult to occupy. I admit the difficulty of the Ministry of Health, but it would have been far better to continue a subsidy than to permit the inclusion of these unhealthy rooms. For another £25, or less, which means 5d. a week extra rent, a healthy desirable dwelling could be built, which would make the houses a good permanent investment for the next 100 years.

Another bad feature of the new houses is the distance of 2 feet from the ceiling to the top of the window sash.



By the construction shown a few courses of brickwork is saved, and £5 or £6 less is spent. Considering that the bedrooms are darkened and made more difficult to ventilate, the saving of £5 or £6 cannot be regarded as true economy.

Slum Clearance.

Recently you must have been reading a good deal about slums. There are two ways of dealing with them. When they are due to substantial brick houses having been built back-to-back, as in many industrial towns in the north, a certain number of houses can be pulled down, others reconditioned, and a large part of the population left *in situ*.

Where, as in Brighton, the houses are worn out, often presenting bulging walls of rubble, brick-bats and chalk, the only method is demolition and re-housing of the whole population.

The common statement with regard to our slums is this:—seeing that we are anxious and willing to build a new house for each house demolished, and that the Minister of Health has given the “all clear” signal, what is the difficulty in rushing the pulling down of the slums? Before jumping to the conclusion that all is plain sailing, it is worth while studying what actually did happen in the Carlton Hill areas, which are now being demolished. In these areas there were 221 families, the average rent paid per family working out at about 7/9 a week. Of these, 70 per cent. have already been housed centrally, and only 23 per cent. have been re-housed at Whitehawk. They simply cannot go as they cannot afford a 50 per cent. increase of rent, the cost of travel to and from their work, and some of them have to begin work in the early hours of the morning, or have to travel west to their work. Many carry their mid-day meal with them, and their principal meal is high tea in the evening, which cannot be regarded as satisfactory.

What seems to have been overlooked in our building programme is that, whilst Brighton has become a great shopping centre, most of its industries have now moved to the rapidly-developing area near our harbour, and between it and the railway. Hove, Portslade, Southwick, and Shoreham really form Brighton’s East End, the docks, the gas and electrical works, and many factories employing large numbers of workers being found there, and one would think that it should be just there that large numbers of houses for the working classes should be built. As it is, we are building more and

more workmen's cottages at Whitehawk, east of the town, far from the railway and the harbour, and from which, after 8 a.m., a 3d. 'bus fare is required to travel to the Old Steine. One day it will be realized that, whilst our building has gone east, our industries have gone west. Whilst the better-paid workman may be willing and able to live in Whitehawk, it is simply impossible for many of our slum tenants who, when turned out, will have to crowd into lodgings in surrounding streets.

I should like to emphasise what our future housing policy should be. We should study what kinds of houses are likely to be required by the working-classes in the future, we should remember that, as what we now build is to serve us for the next 100 years, we do not want cheap houses with small rooms to get over a temporary financial difficulty, but healthy, roomy houses which will make a good permanent investment. Having settled the type of house, we should see that they are built in convenient situations for the working man, or provide him with cheap transit to and from his place of work.

SLUM CLEARANCE.

TABLE "A."

HOUSES DEMOLISHED UNDER CLEARANCE SCHEMES.

<i>Date.</i>	<i>Area.</i>	<i>No. of Houses.</i>	<i>Persons Displaced.</i>
1889	Little St. James Street	91	329
1890	Cumberland Place	197	1104
1898	Spa Street	171	725
1922	Paradise Street and Hereford Street	49	230
1923	Hereford Street and Essex Place	69	375
1930	Carlton Hill	196	1006
		773	3769

TABLE "B."

OTHER UNHEALTHY HOUSES CONDEMNED AND DEMOLISHED SINCE 1889.

<i>Name of Street.</i>	<i>No. of houses demolished.</i>
Barrowcliff Cottages	6
Bunkers Hill	10
Cannon Cottages... ..	3
Cannon Court	3
Cannon Street	1
Carlton Hill	1
Cavendish Street	5
Chalk Farm	7
Chuters Gardens	10
Crescent Cottages (including 1 to 22)	27
Ditchling Road	1
Dorset Street	10
Dowas Road	1
Eastern Road	2
Essex Cottages	10
Essex Place	10
Frances Street	3
Frederick Street	1
George Street Gardens	2
Gloucester Road	2
Hereford Street	2
High Street	10
Ivory Court	2
Ivory Place	4
John Street	3
Lavender Street	4
Laurel Row (1 to 11)	11
Leicester Street	1
Lennox Street	1
Little Russell Street	14
Little Russell Street Court	4
Manchester Row	15
Marine Gardens	5
Mount Pleasant	1
Mount Street	4
North Road Cottages	4
Oxford Court	2
Oxford Place	1
Paradise Street	5
Pool Passage	2
Race Hill Cottages	3
St. James's Court	3
Saunders Buildings	6
Steine Gardens	1
Sussex Street	1
Vine Street	7
Vine Street Court	6
Warwick Street	2
Western Street	1
West Street	6
West Street Cottages	6
Woburn Place	6
Sheds used as dwelling-houses	2
	<hr/> 260 <hr/>

APPENDIX III.

RATIONAL METHODS TO LOWER MEASLES MORTALITY.

Before considering a scheme to reduce the number of deaths from measles it is necessary to set out a few epidemiological facts and to review the present methods of control.

Epidemiology.

(a) Measles is unavoidable.

It is essential to recognize that, sooner or later, practically everyone suffers from an attack of measles. Almost all elementary school-children have been attacked before they leave school, and it is a distinct asset for them to be immune to a disease so frequently epidemic. The adolescent and adult who escape measles in school life often suffer severely later, when they can less easily afford time off work. Until the spread of the disease can be controlled, it is best to regard an attack as an insurance against further trouble.

(b) Case Mortality.

It is well-known, although seldom taught, that the case-mortality of measles is low, for instance, in the present epidemic in Brighton 2,402 cases are known to have occurred, and there have been 30 deaths, giving a case mortality on known cases of 1·2 per cent. The cases and deaths were distributed as follows :—

	MONTHS.				YEARS.							
	0-3	3-6	6-9	9-12	1-2	2-3	3-4	4-5	5-6	6-10	10+	
Cases ...	—	5	24	32	137	198	150	327	551	842	136	
Deaths ...	—	—	2	1	14	5	3	3	2	—	—	
Case Mortality...	—	—	8·3	3·1	10·2	2·5	2·0	0·9	0·4	—	—	

In the last 28 years there have been 478 deaths attributed to measles in Brighton, distributed as shewn below :—

	MONTHS.				YEARS.						
	0-3	3-6	6-9	9-12	1-2	2-3	3-4	4-5	5-10	10+	Total
Deaths in 28 years ...	5	7	21	46	162	86	47	30	66	8	478

It is evident from the figures in the first table that relatively the case mortality is high from 6-12 months, is highest from 12-24 months, and diminishes rapidly in the 2nd, 3rd and 4th years.

(c) Incidence at varying ages.

The incidence of measles, even in those exposed to infection at home, is low in the first four months, but rapidly increases thereafter up to school age.

Incidence in infants in measles-infected families.

Age of exposure in months.	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	Totals
Attacked ...	—	—	—	1	1	5	4	7	* 10	10	† 8	4	50
Not attacked...	7	8	9	7	7	7	5	3	5	4	3	1	66

* 2 deaths. † 1 death.

For a suburb of Brighton, from which all the children attended one school and in which the mothers were warned of its presence early in the epidemic, the following figures have been taken out. The figures are small, but investigation was careful, and it is interesting to note the considerable percentages which escaped infection at the dangerous age periods.

		AGE IN YEARS.							
		Under 1	1-2	2-3	3-4	4-5	5-6	6-10	10-15
Had measles before epidemic		—	—	3	17	33	54	281	275
Infected during		8	13	26	14	34	39	58	3
Not infected		30	23	43	36	27	20	33	12
Total... ..		38	36	72	67	94	113	372	290
Per Cent- ages	Had before	—	—	4	25	35	48	75	95
	Infected during	21	36	36	21	36	34	16	1
	Not infected	79	64	60	54	29	18	9	4

Present Methods of Control.

The School-child. Exclusion from School.

(a) Home Contacts.

The Board of Education advise the exclusion of home contacts from infant departments for a period of 3 weeks, even if there is a history of previous attack ; they recommend a similar exclusion from senior departments if there is no history of attack.* It is difficult to find any justification in practice for this advice. As a matter of fact, the elementary school is the great disseminator of the disease ; where a school is infected every scholar is infected sooner or later, and all non-immunes suffer from an attack of measles or develop a temporary immunity by the inhalation of sub-minimal doses of infection. Even if infection were not general, exclusion during the long incubation period can do no good and exclusion about the time of attack is actually harmful as, if overlooked by the mother, it allows the child to mix freely with the younger children of neighbours, the very children it is most important to protect. If, on the contrary, the child continues to attend school, the centre of infection, he is sent home for immediate isolation as soon as symptoms develop. His attendance on the first day of illness is really immaterial, as many others are also developing the disease about the same time and everyone is finally infected. In Brighton, home contacts continue to attend *infected* schools, but non-immunes are excluded from non-infected departments.

(b) School Closure.

The Board of Education do not advise school closure, as the chances are that even if the school outbreak were stopped the school would be re-infected later. School closure is useful at times to stave off the outbreak to milder weather. The great disadvantage of both school holidays and closure is that new cases are not notified, and the health authorities get out of touch with the individual cases and cannot offer home nursing for the patient and serum treatment, with a view to modification of attack in contacts under school age.

(c) Class Closure.

If the first case in a department is promptly notified it seems reasonable to attempt to stop school infection by closing the class for one week, one week after infection. In practice class closure has had very limited success.

(d) Home Nursing.

By notifications from school, from the health visiting staff, etc., the Medical Officer of Health gets to know of a majority of infected homes, the mothers are warned of the seriousness of the disease and the need of medical supervision. The general practitioner knows that he can call in the district nurse, so that serious cases have both medical attention and home nursing to their great benefit.

*Memorandum on Closure of and Exclusion from School, 1927.

(e) Hospital Treatment.

If Medical Officers examine their death returns they will find that a large number of the deaths occur in hospital-nursed cases ; in the present epidemic, 21 out of a total of 30 deaths occurred in hospital. Many of us used to attribute the high mortality in hospital to the fact that the worst type of case was removed to hospital, also that these cases were often poorly nourished children from unhealthy homes. Experience tends to shew that whilst the above are potent causes of the alarming case mortality in hospital, the chief cause is the rapid dissemination throughout measles wards of organisms giving rise to fatal broncho-pneumonia. It is usually best, however bad the home conditions and however poor the nursing, to leave the severe measles case at home, warm in bed with the window open. Until, in hospital, each patient can be nursed in a well-ventilated cubicle, or be nursed under open-air conditions, the patient will do better at home.

Suggested Methods of Control.

Elementary School-children.

Home Contacts for the reasons stated above should not be excluded even from infant departments, except they attend uninfected schools. *School Closure* should only be used to stave off epidemics to milder weather, for instance, by the prolongation of the Christmas holiday. *Class Closure* is at times useful. Head Teachers should be warned of the importance of immediate notification, particularly of the first case in school.

Exclusion of the Under Fives.

This should always be considered when a school is known to be infected, and is useful in severe weather and in unhealthy areas if the children are of poor physique and live in unhealthy surroundings. It is also important, as the four year olds more often than older children have younger children at home at the dangerous age-periods.

The child under School Age.

Local authorities can do most good by concentrating their attention on children under school age, and particularly on the child aged from 6-36 months old when case mortality is highest. There is no doubt that if children at those ages could be protected from infection, or have their attacks modified if infected, then there would follow a steep fall in measles mortality. Our real problem is to devise means to secure these objects.

Information to and Education of Parents.

When measles invades a district the mothers should be warned of the presence of measles in the neighbourhood, and it should be pointed out that whilst measles is not a dangerous disease to normal children of 5 and over, it is very dangerous to children aged 6 months to 3 years. Those who have children under school age should be advised

- (1) not to allow their children to mix with other children for at least the three months that measles is prevalent in their district, also .
- (2) that if they have, at an infected school, older children who have not been previously attacked, they should communicate with the Education Authority, so that if protective serum is not available, those children may be kept at home and, by escaping attack themselves, prevent infection of their younger brothers and sisters.

The difficulty is to make parents understand that if the attack can only be delayed until the next outbreak, two or three years later, the younger children will have passed the dangerous age. At present, mothers are simply told that measles is dangerous and they naturally will not believe it, as they see all around them children at the older ages being attacked and quickly recovering. As insufficient distinction is drawn between attacks in older and younger children, most mothers with young children say " They've got to get it some time, so the sooner it is over the better." In this way, on account of faulty education, the one and two year olds are exposed to unnecessary risks. I feel sure that education is of primary importance in the reduction of measles mortality.

Serum Prophylaxis.

It is quite possible to abort or modify measles attacks with convalescent and adult human serum, and, if a sufficient supply is available, there is no reason why, if a school-child is attacked, his younger brothers and sisters at the dangerous age periods should not be protected from severe attacks. In Brighton, when cases of measles are notified from school, the homes are visited and mothers are invited to take their young children

to the Sanatorium for injection of adult serum. Unfortunately, because of ignorance and prejudice, only a few mothers have taken advantage of our offer, and it is evident that better education is necessary, and that injections must be made available at more convenient centres. Dr. R. N. Walker, who has controlled prophylaxis here, reports that up-to-date the injection of 44 young children in their homes was followed by abortion of attack in 23 cases, modified attack in 14 cases and unmodified attack in 7 cases.

Summary.

What I want to emphasize is the need of a fuller recognition of the fact that measles is unavoidable, and that under present circumstances the exclusion of school home contacts is quite futile. Seeing that such is the case, the Board of Education would greatly assist local authorities by withdrawing its advice as to the exclusion of home contacts from school; this equally applies to chicken-pox. What is really required is the abandonment of the old methods and a concentration of our attention on the dangerous age periods and the education of parents as to (1) the advantages of delay of attack until a relatively safe age-period has been reached, or alternatively (2) as to the benefits of prophylactic injection with a view to ensuring a mild attack. Of almost equal importance is the need to warn general practitioners that, however serious the case and however poor the home, the child will do better there than in a hospital ward.

APPENDIX IV.

MEASLES PROPHYLAXIS.

By R. N. WALKER, M.B., Ch.B., D.P.H.

After careful inquiry into the best methods of procedure, and with the approval of the Health Committee, it was decided to offer to inject adult human serum to modify or abort the development of measles in known contacts under school age who had no history of a previous attack. Our experience since the work was begun last November may be of interest to workers in other areas and, therefore, although our numbers are small, it has been thought worth while to give a description of our campaign.

One would expect much better results to follow the injection of serum taken from adults convalescing from uncomplicated measles, especially if taken about the 10th day after the temperature had fallen, than from the injection of the serum of adults many years after attack. In practice, however, it was found very difficult to obtain convalescent serum, and all our serum for prophylactic injection has been obtained from the medical and nursing staff at the Sanatorium. Further, those persons who very generously volunteered to give blood have been willing to do so repeatedly, so that the quality of our serum has been constant.

The preparation of the serum as finally employed is a matter of considerable difficulty and responsibility, and we are much indebted to Dr. R. A. O'Brien, who has very kindly had our serum prepared, tested and put up in suitable phials at the Wellcome Research Laboratories, Beckenham. All we have had to do is to collect the blood. Venesection was done under a local anaesthetic, some 400 c.c. being collected in a sterile bottle, six such bottles being dispatched to the Wellcome Laboratory at one time. Supplies of serum were received from the Laboratory as required.

It was an easy matter to get in touch with numbers of contacts. The home of each school child suffering from measles was visited from the Health Office, and prophylactic injections were offered to children under school age. If the parents consented, these children were visited in their homes, or were brought to the Sanatorium for injection as soon as possible. Only a small percentage accepted the offer. The contacts in two or three outbreaks in hospitals and homes have also had injections. The dose has been a uniform one of 10 c.c. The results were as follows :—

	No Attack.	Modified Attack.	Unmodified Attack.
70 Institution cases	63	5	2
44 Home cases ...	23	14	7

From these results collected up-to-date, we are convinced that the adult serum used aborted or modified attack in a majority of cases. We think that the choice between complete protection on the one hand and attenuation on the other is by no means such a simple matter as some workers in this country have asserted ; possibly dosage of infection may play a part, as well as the date and size of serum injection. It is interesting to note that evidence of the presence of antibody in adult serum has been obtained by the Debré test ; adult serum injected a day or two before the appearance of the rash having prevented its appearance over the site of injection.

The following is a record of the home contact cases ; as stated, 10 c.c. were injected in each case :—

Age.	Days between rash of primary case and the giving of serum to the contact.	Days between giving of serum and development of rash.	Classifica- tion.
1 year	4	—	No Attack.
1 "	3	—	
13 mos.	5	—	
14 "	4	—	
18 "	5	—	
23 "	3	—	
2 years	3	—	
2 "	3	—	
2½ "	3	—	
2½ "	3	—	
2½ "	3	—	
2½ "	3	—	
2½ "	3	—	
3 "	3	—	
3 "	3	—	
3 "	3	—	
3 "	6	—	
3 "	2	—	
3¼ "	2	—	
4 "	3	—	
5 "	3	—	
5 "	1	—	
7 "	3	—	
7 mos.	4	8	Modified Attack
10 "	4	10	
1 year	2	10	
1 "	3	6	
18 mos.	1	8	
2½ years	4	8	
2½ "	4	No details	
34 mos.	3	No details	
3 years	4	9	
4½ "	3	No details	
4½ "	4	7	
5 "	1	12	
8 "	1	12	Unmodified Attack.
8 "	1	10	
1¼ years	4	4	
2½ "	5	4	
3 "	4	4	
3 "	6	2	
3 "	6	3	
4 "	6	5	
4½ "	4	3	

APPENDIX V.

CLINICS FOR NERVOUS DISORDERS.

Dr. G. H. Harper Smith and Dr. A. Helen Boyle have kindly given me the following summary of the work done during 1932.

Dr. HARPER SMITH reports as follows :—

A Clinic is held at 2.30 p.m. each Monday, at 8 Grand Parade, and at 4 p.m. on each Wednesday at the Royal Sussex County Hospital.

Clinic at 8 Grand Parade.

Number of clinics held during the year, 48 ; number of attendances—male, 234 ; female, 214 ; total, 448.

Average attendance per Clinic, 9 ; number of new patients—male, 61 ; female, 49 ; total, 110.

The 110 patients were suffering as follows :—Dementia Praecox, 7 ; Melancholia, 33 ; Delusional Insanity—systematised, 3 ; non-systematised, 2 ; General paralysis of the Insane, 3 ; Insanity with Epilepsy—Petit Mal, 2 ; Grand Mal, 1 ; Congenital Mental Deficiency, 11 ; Encephalitis Lethargica, 1 ; Stammerers, 2 ; Convalescent from Mental Hospital, 31 ; Shell shock, 6 ; Chorea, 5 ; Graves' disease, 2 ; Disseminated Sclerosis, 1.

Thirty-one of these were new After Care Patients.

During the whole year it was found necessary to certify only one female patient, who had to be certified at once.

I wish to thank the Guardianship Society for allowing me the use of the rooms, also Miss Woodhead and the Nurse for their great help.

Clinic at Royal Sussex County Hospital.

Number of clinics held during the year, 52.

During the year 72 patients attended and received treatment.

The 72 patients were suffering as follows :—Dementia Praecox, 9 ; Melancholia, 44 ; Chronic delusional Insanity—systematised, 4 ; non-systematised, 3 ; Insanity with gross brain lesion, 2 ; Confusional Insanity, 1 ; General paralysis of the Insane, 3 ; Insanity with Epilepsy, 3 ; Congenital Mental Deficiency, 1 ; Encephalitis Lethargica, 1 ; Mania, 1.

Dr. A. HELEN BOYLE has kindly classified the cases seen by her at the Nervous Clinic at the Royal Sussex County Hospital. The classification of the 101 new cases seen during 1932 is set out below ; treatment was given on 514 occasions.

Classification of the 101 cases : Melancholia, 5 ; Psycho-Neurosis, 50 ; Manic-Depressive Group, 1 ; Dementia Praecox, 12 ; Paranoia, 5 ; Mentally Deficient, 9 ; Endocrine Imbalance, 5 ; Epileptiform Group, 2 ; Traumatic Neurosis, 1 ; Tics, 2 ; Organic Nervous Disorder, 3 ; Alopecia with Nervous Trouble, 3 ; Artefact Skin Disorder, 3.

APPENDIX VI.

REPORT REGARDING THE RHEUMATISM CLINIC AT THE ROYAL YORK BUILDINGS, BRIGHTON.

Under the direction of Dr. F. E. GRAHAM-BONNALIE, with the help of Drs. V. E. CLAXTON, J. A. RICHARDSON, K. J. BOX, and W. CORNER.

The Clinic completed its third year in February, 1933. It is open every Wednesday afternoon, at 1.30 p.m. Treatment is free and consists chiefly of vaccine therapy. (The vaccines are prepared in the Laboratory of Dr. Warren Crowe, London, and are the same as those used at the Charterhouse Clinic).

Letters of introduction are required from the doctors of those patients who are already under the care of their own medical attendants.

During the year there have been 13,499 attendances, and 448 new patients have been treated, making a total of 1,005 since the Clinic opened. These patients were suffering from rheumatoid arthritis, osteoarthritis, fibrositis, sciatica and other forms of rheumatic disease. No case, however severe, has been refused.

Of the 448 new patients, 111 were males and 337 females. Of these no record of results could be obtained in the case of 46, and 115 gave up treatment within two months, or had not, at the time of reporting, received two months' treatment (the minimum time in which any improvement can be expected), leaving a net total of 287.

The results of treatment have been tabulated under three headings. Much better. Definitely better. Very little or no better.

<i>Class 1.</i>	<i>Class 2.</i>	<i>Class 3.</i>
<i>Much better.</i>	<i>Definitely better.</i>	<i>No better.</i>
124 (43.2%)	116 (40.4%)	47 (16%)

Total of Classes 1 and 2, 240 (83.6%). Class 3, 47 (16.4%).

The average length of treatment was :—Class 1 : 7½ months ; Class 2 : 7 months ; Class 3 : 6½ months.

The average age in Class 1 was 48 (oldest 81, youngest 15) ; Class 2 was 57 (73 and 36) ; Class 3 was 57 (73 and 36).

If results are taken only from those patients who have received treatment for at least six months, the following figures are obtained :—

<i>Class 1.</i>	<i>Class 2.</i>	<i>Class 3.</i>
<i>Much better.</i>	<i>Definitely better.</i>	<i>No better.</i>
82 (47.7%)	76 (44.2%)	14 (8.1%)

Total Class 1 and 2, 158 (91.9%). Class 3, 14 (8.1%).

In so far as it is possible to divide rheumatism into categories, the 448 cases can be divided as follows :—

Osteoarthritis, 229 ; rheumatoid arthritis, 7 ; mixed arthritis, 171 ; sciatica, neuritis or fibrositis, 31 ; unclassified, 10.

The various types of rheumatism responded to treatment as follows :—

	<i>Much better.</i>	<i>Definitely better.</i>	<i>No better.</i>
Osteoarthritis	55 (42%)	54 (41%)	22 (17%)
Rheumatoid arthritis	2 (40%)	3 (60%)	—
Mixed arthritis	55 (44%)	52 (41%)	19 (15%)
Sciatica, neuritis or fibrositis ...	12 (48%)	7 (28%)	6 (24%)

APPENDIX VII.

REPORT PRESENTED TO THE HEALTH COMMITTEE.

16TH JUNE, 1932.

THE MILK SUPPLY.

At your meeting in February, you asked me to report further on the question of a safe milk supply and I have tried in this report to avoid confusing the issue by confining myself to the more important aspects of the question.

Raw ungraded milk from our most careful farmers from time to time contains living tubercle bacilli and there is nothing to shew that the measures being taken against bovine tuberculosis are reducing it in amount. Taking raw milk supplies throughout England and Wales, over 6 per cent. are infected with living tubercle bacilli; of cows and heifers examined 1·3 per cent. are affected with tuberculosis of the udder, or are giving tuberculous milk; it is estimated that tuberculosis is present in 30 to 40 per cent. of our cows; out of 350,000 herds in England and Wales fewer than 400 are regularly tuberculin-tested. So much for the campaign against tuberculosis. The result of this failure to rid our milk supply is estimated as follows:—4,000 fresh cases of bovine infection occur each year in England and Wales, resulting in an immense amount of suffering, invalidity and crippling, and 2,000 persons, about 3 each day, chiefly children, die as a result of milk infections.

These figures* are taken from a report published by the People's League of Health, and there is no reason to doubt their accuracy.

Pasteurisation of milk, properly carried out, frees milk from all risk of conveying tuberculous infection, sore throats and the typhoid group of infections. It is for that reason that the Health Committee recommended the Council to ask the Ministry of Health to obtain permissive powers for local authorities to require pasteurisation of raw ungraded milk.

It is recognised that there are trade difficulties, that pure raw milk is a somewhat better food than heated milk, that numbers of persons are actually immunised by drinking tubercle-infected milk, but surely these are small matters compared with the death, invalidity and crippling of thousands annually.

After reconsideration of the whole subject, I am convinced that the Health Committee were right in their advice to the Council, I also feel sure that given a safe milk supply more milk would be drunk, to the great benefit of the nation and incidentally of dairymen generally. Having such convictions I advised that the Health Committee should press for powers to require

- (a) that graded unheated milk should conform to the standard of "Grade 'A' (T.T.)," that is, be free from tubercle bacilli, and be reasonably clean, and
- (b) that all ungraded raw milk be properly pasteurised before being sold to the public.

Also, that if the Ministry of Health refused themselves to obtain permissive powers for local authorities to take action, then I should advise that Brighton should join Manchester† in promoting a Bill in Parliament. The Manchester Bill will come up for discussion next spring.

DUNCAN FORBES,

Medical Officer of Health.

*See also the Journal of the Ministry of Agriculture, April, 1932, page 17.

†Since the date of the report, Manchester has decided not to proceed with its Bill.

Annual Report

ON THE

MEDICAL INSPECTION

AND

TREATMENT

OF

SCHOOL CHILDREN

OF THE

County Borough of Brighton

FOR THE YEAR 1932.

BY

DUNCAN FORBES, M.D., B.Sc., D.P.H.,
School Medical Officer,

AND

RUTHERFORD CRAMB, M.B., Ch.B., D.P.H.,
Senior Medical Officer.

BRIGHTON :
PELL (BRIGHTON) LTD., 105 CHURCH STREET.—31333

SCHOOL CLINIC,
59 GRAND PARADE,
BRIGHTON.

MARCH, 1933.

To the Chairman and Members of the Children's Care Sub-Committee.

LADIES AND GENTLEMEN,

We beg to submit the Annual Report for the year ending December 31st, 1932, which deals with the work of the Medical and Dental Departments. The Statistical Tables, required by the Board of Education, are given at the end of the Report.

We would particularly direct attention to the Introduction where a general review of the work, and the results, are given, and also to the section dealing with tonsils and adenoids.

We are, Ladies and Gentlemen,

Your obedient Servants,

DUNCAN FORBES,
RUTHERFORD CRAMB

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MEDICAL STAFF.

- DUNCAN FORBES, M.D. (Edin.), B.Sc., D.P.H., School Medical Officer.
- RUTHERFORD CRAMB, M.B., Ch.B. (Glasg.), D.P.H., Senior Medical Officer.
- I. M. G. BISSET, M.B., Ch.B. (Aberd.), Assistant School Medical Officer.
- A. B. KETTLE, M.D., M.R.C.P., D.P.H., Assistant School Medical Officer
(April, 1932).
- Mr. H. J. SEDDON, F.R.C.S., Orthopaedic Surgeon (monthly visit).
- D. MACKAY, L.D.S. (St. Andrews), Senior School Dentist.
- S. E. CHARMAN, L.D.S., R.C.S. (Eng.), Asst. School Dentist
- J. B. CRANSTON, L.D.S. (Glasg.), Asst. School Dentist (Resigned
August, 1932).
- G. DAKERS, L.D.S., R.C.S. (Eng.), Asst. School Dentist (October, 1932).

SCHOOL NURSES.

- | | |
|------------------|------------------|
| Miss E. KILLICK. | Miss K. O'BRIEN. |
| Miss V. HARDY. | Miss I. HILL. |
- Miss M. BLINCOW, C.S.M.M.G., Orthopaedic Nurse.

CLERICAL STAFF.

- | | |
|--------------------|-----------------|
| Miss B. MILLS. | Miss B. PERRY. |
| Miss V. NANSCAWEN. | Miss D. SILVER. |
- Miss G. JENKINS.

GENERAL STATEMENT OF THE EXTENT AND SCOPE OF MEDICAL INSPECTION DURING 1932.

Introduction.

It is only right, in these times of financial difficulty, that the activities of a public department, the expense and upkeep of which entail financial calls on ratepayers and taxpayers, should be reviewed, and that some statement of the returns obtained for such expenditure should be given. We propose, therefore, in this introduction to the Annual Report on School Medical Inspection in Brighton for 1932, to endeavour to show the results, or "returns," from the work of the medical services.

From the nature of the work it will be evident that any profit or gain—or loss—cannot be expressed in the usual terms of pounds, shillings and pence : nevertheless a Balance Sheet of Health can be submitted.

A sure index of the state of health of a locality can be obtained from a study of the general health conditions of its children, the citizens of to-morrow. A review of all branches of the work of this Department enables us to say that undoubtedly there is a definite and continued improvement in the general health of the school children in Brighton. This statement is substantiated by a study of the figures of defective children requiring treatment, as discovered at routine medical inspections in the schools, taken over a number of years, for which statistics in this particular form have been kept.

If we take the three Code Groups of children who are regularly inspected in school, *viz.*, Entrants or 5 year olds, Intermediates or 8 to 9 year olds, and Leavers 12+ year olds, we find that the percentage of children in the three groups combined, found to be defective and requiring medical treatment during 1932, was 12·9 per cent., and the following gives the comparative percentage for the past 9 years :—

1932.	1931.	1930.	1929.	1928.	1927.	1926.	1925.	1924.
12·9	16·2	18·4	18·2	22·5	23·19	18·7	24·8	25·45

These figures are illuminating, and show that the number of defective children has been halved since 1924.

The following table gives the infant mortality and the percentages of children found to be defective at medical inspection, for the individual groups :—

	1932	1931	1930	1929	1928	1927	1926	1925	1924
Infant Mortality (per 1000) ...	41	55	51	55	51	60	67	59	60
Entrants ...	12·3	16·16	18·8	20·9	24·1	24·7	22·5	23·5	26·1
Intermediates ...	14·5	17·4	19·2	18·4	24·9	25·0	13·2	24·1	25·1
Leavers ...	11·5	14·7	16·7	14·9	18·6	20·2	19·2	26·5	24·9

A study of these figures must prove encouraging, and it should be noted that they refer to the school children as they come forward in school to be examined, accordingly as they fall into their respective groups : there is no selection. The reduction in the percentage of defective children, in each of the groups, as compared with 9 years ago, is most marked.

The statistics just given refer to medical defects only, defects in cleanliness are not included, but on looking up the figures for uncleanness we find that the School Nurses at their examinations in 1924 reported 4,277 children as being defective in this respect, and 1,136 children had to be excluded from school : for 1932, 1,404 children were found unclean, and 575 were excluded. With regard to skin conditions, in 1924 the total number of ringworm cases was 291, in 1932 it was 89 : similarly, the number of cases of impetigo was 731 and 469 for the same years. The improvement in these conditions is therefore keeping pace with the improvement in the definitely medical conditions.

A perusal of these results must prove satisfactory to the Authority concerned, as they can realise from them that the work of their medical services, assisted by improvement in the standard of living and housing conditions, is bearing fruit. It is important to note this, especially in the Entrants Group, for it means that the children now commencing school life are healthier than they used to be, and that the number who now commence school handicapped with ill-health or defects is greatly reduced. And also that by constant supervision this improvement is maintained and consolidated, so that in the Leavers Group the improvement is still evident, and the children leave school more fit to take their places in the world.

We submit that our Balance Sheet of Health shows a decided " profit."

Population.

The Registrar-General estimates the population of Brighton, with its extended boundaries, to be 145,000. The area of the Borough is 12,565 acres.

Number of Schools.

There are 21 " Provided " Schools (including the Intermediate School, Warren Farm School, and the " Special " School for Mental Defectives) with 50 departments, and 15 " Non-Provided " Schools, with 22 departments. There are 5 Housecraft Centres and 4 Handicraft Centres.

School Accommodation and Attendance.

The total accommodation (including the Intermediate School and Warren Farm School, but excluding the " Special " School for Mental Defectives, and the Housecraft and Handicraft Centres) at the end of 1932 was 18,461, the average number on the registers for the quarter ended 31st March being 16,513, and the average attendance 15,095.

Medical Staff.

Dr. Austin B. Kettle succeeded Dr. Pringle, and commenced duties in April, 1932, as a full-time medical officer.

Co-ordination of Medical Services.

The co-operation of the various medical services in the Borough, described in previous reports, was maintained.

A series of lectures on School Medical Inspection work was given by the Senior Medical Officer to the students at the Municipal Training College and at the Diocesan Training College.

Routine Medical Inspection.

Each school was visited twice for this purpose. Children in the three Code groups, viz., Entrants, Intermediates and Leavers, were inspected; also the following groups:—Children found defective at a previous inspection, and “specials,” *i.e.*, children examined at the request of the parent or head teacher. In this way not only were medical records made of the 5,401 children falling under the Code groups (see Tables below and Table I., page 24), but the majority of defective children were examined and kept under observation.

AGE.		ENTRANTS.				
		3.	4.	5.	6.	Other ages.
Boys	...	27	335	429	100	50
Girls	...	20	277	472	91	56
Totals	...	47	612	901	191	106

AGE.				INTERMEDIATES.		
				8.	9.	Total.
Boys	...	...	...	319	598	917
Girls	...	...	...	306	623	929
Totals	...	...	...	624	1221	1846

AGE.		LEAVERS.				
		12.	13.	14.	Other Ages.	Total.
Boys	...	558	203	14	126	901
Girls	...	507	178	10	102	797
Totals	...	1065	381	24	228	1698

		GRAND TOTAL.				
		Entrants.	Inter-mediates.	Leavers.	Other Ages.	Total.
Boys	...	891	917	775	176	2759
Girls	...	860	929	695	158	2642
Totals	...	1751	1846	1470	334	5401

Attendance of Parents.

At the medical inspections, 3,154 parents attended out of 5,401 who were invited—a percentage of 58·3 (Boys 43·5 ; Girls 55·6 ; Infants 76·5).

The percentage of actual refusals was 2·53 per cent., represented by 137 children. The number of children absent on the day of inspection was 653. The percentage of Code Group children actually examined in 1932 was 87·2. (For 1931 this figure was 88·2).

School Clinic and Branch Clinic.

The arrangements for treatment and inspection of children at the School Clinic were carried on as in previous years.

The total number of attendances for all conditions was 31,536 (27,541 being attendances for treatment), made by 11,800 children.

At the Moulsecoomb Branch Clinic 463 children attended, and made 1,526 attendances.

The following table gives an analysis of the numbers attending :—

	No. of Children.	No. of Attendances.
Skin Clinic	2286	8730
Eye Clinic (external diseases) ...	462	1263
Ear Clinic	500	4958
Ionisation Clinic	17	102
Verminous Clinic	575	1309
Inspection Clinic	2073	2720
Tonsils and Adenoids (Pre and Post Operative) X-Rays (Post Treat- ment) and Defective Vision ...	1082	1114
Ringworm of the Scalp by X-Rays...	5	19
Refraction Clinic	450	852
Employment Cases and Theatre Licences	161	161
Dental Clinic	4168	8309
Orthopaedic Clinic	39	1999
	<hr/> 11800	<hr/> 31536

Inspection Clinic.

This Clinic is held on Monday and Friday afternoons, and it is an important and useful one. Parents bring their children for consultation, or to see if they are fit to attend school. Many children are also sent by family doctors, by the Head Teachers, or on the advice of the School Attendance Officers.

During the year 2,073 individual children were seen, making 2,720 attendances.

Following Up.

No change has been made in our procedure, which has been described in previous reports.

MEDICAL TREATMENT.

The operative treatment for the removal of tonsils and adenoids was carried out by the Senior Medical Officer during the year at the Sanatorium, the arrangements being the same as in previous years. The number of operating sessions was 30, and 270 children were treated. For the previous year 40 sessions were necessary and 380 children were treated.

The total number of children who have received this treatment through the agency of the School Clinic is 5,379.

The arrangements for the treatment and retention of children in the Sanatorium after operation, and for the post-operation examinations, which have been fully described in previous reports, were carried out unchanged during 1932.

As much attention has recently been focussed on the increased number of children throughout the country who have been subjected to this treatment, it may be interesting to review the numbers treated with regard to Brighton. Such a review of the past ten years shows that the number of children treated each year has varied very slightly. Thus, in 1922, the number treated was 296, and the average number per year for the ten years 1922 to 1931 is 319. The figure 270 for 1932 brought us to the end of our "Waiting List."

In estimating the causes which may conduce to the increased numbers of operations in the country, the following are worth considering :—

1. The better education of the public on matters of health, and increased interest in children's welfare. In this respect the attitude of parents towards treatment has changed considerably, and the pernicious practice of waiting till "he grows out of them" is not so common.

2. The improved and better facilities for treatment. In very few places now are children operated on and returned home the same day, as was formerly a fairly general practice, and this has removed a big objection which used to be put forward.

3. The undoubted value and good results following the treatment. Parents "compare notes," and during the course of the year many ailing children are brought to clinics on the parents' initiative for examination to see "if the tonsils are at fault"—a neighbour's child has improved since his tonsils were removed.

4. The co-operation with the private medical practitioners. We can speak with some authority for this area, and can record that many school children suffering from tonsil conditions are referred to us by the local doctors every year.

But apart from these considerations, one of the present writers (R.C.) is of the opinion that an important factor in the recorded increased numbers of tonsillectomies *in children* is, that operative treatment has been moved forward to an earlier age as the result of school medical inspection. This is based on his experience as a house-surgeon in a large general hospital before Local Education Authorities provided medical treatment, when, in this hospital, four sessions per week were devoted to the guillotining of tonsils in *adults*, and seldom less, but usually more, than 30 patients were treated at each session. And this was a fairly general experience in most of the large hospitals. If records of these operations had been

collected then from all the various hospitals in the country, and published in statistical form as school medical records now are, we are sure the figures would have been astounding. Recent enquiries made at the hospital above referred to have elicited the fact that "there are fewer adult cases in proportion to what we had in the earlier days."

If this theory be accepted, then we have the important fact that the treatment given in school years obviates the necessity of treatment in adult life, thus saving much loss of employment, expense in National Health Insurance, etc., quite apart from the important consideration of the undermining of the health during these intervening years.

What are the indications for operative treatment? In answering this we would state that size of the tonsils, *per se*, is not the guiding factor, as there are children with large tonsils which are healthy tonsils, and also children with small tonsils which, as the result of recurring tonsillar disease, are fibrotic and septic. Recurring attacks of tonsillitis, enlargement of the neck glands, frequent and persistent "colds," nasal obstruction with mouth-breathing, aural symptoms such as deafness, ear-ache and ear discharge, and generally where it is considered from the enlarged vessels on the surface of the tonsil, and the redness of the throat, that the tonsils are septic—these can be taken as the signs and symptoms which influence one in advising operative treatment.

Type of operation.—The method of operation which is used here is enucleation of the tonsil. We are aware that many authorities state that the only way in which tonsils can be completely removed is by dissection. We consider that in experienced hands the tonsils in children can be perfectly enucleated by the reversed guillotine, and post-operative results over many years support this. Removal by dissection is a longer operation, taking anything from 45 minutes to an hour, as against the 10 or 12 minutes required for the anaesthesia and enucleation, and, in addition, we consider that the prolonged anaesthetic necessary in the dissection method, especially in weakly children, would expose them to certain and unnecessary risks.

For the past three years the instrument we have used is a special haemostatic guillotine (Popper's), which incorporates two blades—one a crushing blade, the other a cutting blade. By using this instrument the tonsils can be removed with no resulting bleeding: the throat heals normally and the patients recover much sooner. Indeed, many look quite normal a few hours after the operation and there have been no cases of secondary haemorrhage. Following operation, instructions are given to each patient on the hygiene of the nose and throat, and a pamphlet on breathing exercises.

We have no hesitation in stating that children who have had diseased tonsils and adenoids removed are improved greatly in health, not only in the local throat conditions but by a general improvement in bodily health. Apart from medical evidence of this being noted at post-operative examinations, the enthusiastic comments of the parents are equally important.

Post-operative Examinations.

In 1931, 380 children were operated on, and during 1932, 290 of these attended for post-operative examination. An analysis of the results shows that

Deafness was cured, or improved, in 70 out of 94 who had this symptom, *i.e.*, 74.4 per cent.

Otorrhoea was cured in 37 out of 48, *i.e.*, 77 per cent.

Enuresis was cured in 23 out of 47, *i.e.*, 48.9 per cent.

It should be noted that these figures are based on the 290 children who were re-examined out of the total of 380.

Defective Vision and Squint.

During the year, 450 children attended the Clinic for retinoscopy, making 852 attendances, and 402 had spectacles prescribed.

From an analysis of 444 prescriptions, the following statistics are obtained :—

		Hypermetropic astigmatism	...	...	115
		Hypermetropia	...	...	80
		Myopia	...	...	64
		Myopic astigmatism	...	...	44
		Mixed astigmatism	...	...	30
		Odd Eyes	...	...	20
		No spectacles required	...	...	34
Squint	{ Convergent	Hypermetropic	...	...	27
		Hypermetropic astigmatism	...	...	27
	{ Divergent	Myopic	...	...	1
		Myopic astigmatism	...	...	—

Table showing percentage of each defect :—

Hypermetropic astigmatism (including squint)...	143—32%
Hypermetropia (including squint)	108—24.3%
Myopia (including squint)	65—14.6%
Myopic astigmatism	44— 9.9%
Odd Eyes	20— 4.5%
Mixed astigmatism... ..	30— 6.8%

During the year the parents of two children were advised to seek further advice at the Eye Hospital.

Eight boys from the Portslade Industrial School had retinoscopy performed and spectacles were prescribed.

Supervision of Children who wear Spectacles.

All children who have been prescribed spectacles are carefully supervised. Thus, they are tested twice a year in school by the Medical Officers at their visits : also, children who have more serious defects, are seen at three monthly intervals (or less) at the Clinic. The Head Teachers have lists giving them the names of such children in their schools who require to wear spectacles.

Repairs.

During the year, the Committee's decision that the charge to parents for supplying spectacles did not include loss of spectacles, or breakages due to neglect and carelessness, has resulted, as was anticipated, in a marked reduction in the number of breakages. For the year the number of children who attended for broken spectacles was 169—these represent the cases where the lenses were broken. Other breakages, such as sides, and frames, are referred by the Head Teachers to the optician direct.

External Eye Disease.

During the year under review, 462 children suffering from external eye diseases were treated at the Clinic (the number for the previous year being 420), and made 1,263 attendances. Of these children, 423 were discharged as cured.

The following is an analysis of the cases :—

	Cases.	Attendances.	Discharged.
Blepharitis	99	287	92
Conjunctivitis	219	592	209
Keratitis	—	—	—
Other Conditions	144	384	122

Ear Diseases.

The Senior Medical Officer devotes one afternoon per week to aural examination and aural treatment, and each new case is seen by him. 85 cases of otorrhoea were treated at this special clinic, of which 42 were discharged, while 40 other ear conditions were treated, and 32 were discharged.

During the year, 500 children suffering from discharging ears attended for treatment, making 4,958 attendances, and of these 306 were discharged as cured.

The following is an analysis of the cases :—

	Cases.	Attendances.	Discharged.
Otorrhoea	340	4718	177
Deafness (Catarrhal)	18	23	14
Other Conditions	142	217	115

Zinc Ionisation Treatment.

This form of treatment has been described in previous reports. In 1932, 17 cases were ionised and the condition cured in 12. The total number of cases treated by this method is 266.

Skin Diseases.

There was a reduction of 296 in the number of impetigo cases, and of 9 in ringworm cases. This is very satisfactory.

The following table shows the diseases treated for the year :—

Disease	Total No. of Children.	Total No. of Attendances.	Total No. of cases discharged.
Ringworm, scalp	33	330	16
„ scalp and skin	2	33	2
„ skin	54	221	43
Impetigo, scalp	50	246	46
„ face	346	1042	316
„ scalp and face	11	57	11
„ other parts	62	225	58
Scabies	89	290	84
Alopoëcia	12	16	12
Seborrhoea	8	11	8
Eczema	8	36	8
Septic Sores	896	3556	795
Other skin diseases	98	207	81
Other diseases	599	2460	541
Totals	2268	8730	2021

X-Ray Treatment for Ringworm of the Scalp.

Five children were treated by this means for scalp ringworm. The total number of children treated at the School Clinic is now 671, and in no case has there been any unfortunate result.

Supervision of Ringworm Cases and Contacts.

This has been continued as in previous years, and 14 first cases in families or houses were investigated.

<i>In same family :—</i>					Infected.	Not Infected.
Below school age	...	...	...	...	—	2
Attending school, below school age	...	...	...	...	—	—
Of school age	...	...	...	...	2	21
					—	—
					2	23
					—	—
<i>In same house :—</i>						
Of all ages	...	...	...	...	—	—

Orthopaedic Clinic.

The work of this department is carried out at the Royal York Buildings, where there is ample accommodation, and the clinic is open each day for treatment by the Orthopaedic Nurse. This department is of great importance and value, as the treatment given renders many children fit to attend elementary schools who otherwise would require special school instruction. Of greater importance, however, it is the means of relieving many children of suffering and discomfort, or of removing or improving deformities, and thus rendering them more fit to take a useful place in life after school days.

The Orthopaedic Surgeon paid 12 visits during the year. The number of new cases brought forward was 87 (previous year, 89). Of these new cases, 39 were school children (16 less than the previous year), 40 were from the Infant Welfare Department (15 more than the previous year), and 8 from the Tuberculosis Department.

The following is an analysis of the new cases seen in 1932 :—

	School Children.	Infant Welfare Children.
Infantile paralysis and talipes	3	4
Congenital talipes	1	7
Flat feet...	11	—
Torticollis (Wry Neck)	2	1
Knock-knees and bow legs	4	17
Kyphosis and Scoliosis	4	1
Congenital deformity	—	1
Other conditions	13	8
Congenital dislocated hip	1	1
	—	—
	39	40
	—	—

Of the cases from the Tuberculosis Department, the site of the disease was :—Spine, 3 ; hip, 2 ; knee, 2 ; ankle, 1.

The work of the department for 1932 may be summarised as follows :—

Number of new cases seen by the Surgeon ...	...	87
Number of re-inspections made by the Surgeon ...	...	329
		<hr/> 416 <hr/>

The figures for the different departments are :—

School Medical Department.

Number of new cases seen by the Surgeon ...	...	39
Number of re-inspections made by the Surgeon ...	...	188

Infant Welfare Department.

Number of new cases seen by the Surgeon ...	...	40
Number of re-inspections made by the Surgeon ...	...	73

Tuberculosis Department.

Number of new cases seen by the Surgeon ...	...	8
Number of re-inspections made by the Surgeon ...	...	68

The number of treatments (massage, etc.), given by the Orthopaedic Nurse was :—

School Children ...	...	...	...	...	...	1999
Infant Welfare Children	...	...	...	...	...	1037
Tuberculosis cases	...	...	...	...	...	37
						<hr/> 3073 <hr/>

Discharges.

During the year the Surgeon discharged 58 cases, either as cured or markedly improved, *viz.*,

School Children :—

Spinal curvature, 8 ; knock-knees or bow legs, 9 ; flat feet, 9 ; infantile paralysis, 8 ; wry neck, 5 ; other conditions, 8 ; Total, 47.

Infant Welfare Children :—

Knock-knees or bow legs, 7 ; flat feet, 1 ; other conditions, 1 ; Total, 9.

Tuberculosis Cases :—

Knee, 1 ; hip, 1 ; Total, 2.

In-patient Treatment.

Part of the orthopaedic scheme is in-patient treatment at the Country Branch of the Royal National Orthopaedic Hospital at Stanmore, for those cases where the surgeon considers operative treatment necessary. During the year, 19 cases were admitted ; of these, 5 were school children, 5 infant welfare children, and 9 tuberculosis cases. Thirteen of these were discharged from hospital before the end of the year, *viz.*, all the school children, 4 infant welfare children, and 4 tuberculosis cases.

The following list gives particulars of these cases. (Ed. refers to Education Committee cases, I.W. and T.B. to Health Committee cases) :—

Patient.	Age.	Admitted.	Discharged	Condition.
M.H. (T.B.)	19	7-1-32	7-7-32	Tuberculous disease of hip
S.D. (Ed.)	13	27-1-32	9-5-32	Talipes, following infantile paralysis
S.W. (Ed.)	11	18-2-32	14-7-32	Spastic hemiplegia
D.R. (T.B.)	6	22-2-32	22-9-32	Tuberculous disease of hip
J.R. (I.W.)	4	11-2-32	23-5-32	Curved tibiae (Rickets)
J.R. (T.B.)	9	30-4-32	7-7-32	Tuberculous disease of knee
E.C. (I.W.)	3	23-5-32	15-8-32	Deformity of foot (from infantile paralysis)
D.B. (I.W.)	4	9-6-32	21-11-32	Deformity of foot (from infantile paralysis)
J.F. (T.B.)	17	4-7-32	15-8-32	Tuberculous disease of ankle
H.M. (I.W.)	5	22-7-32	10-11-32	Rickets (knock-knees)
N.W. (Ed.)	7	9-8-32	13-10-32	Spastic hemiplegia
J.D. (Ed.)	12	9-8-32	3-10-32	Club feet
W.T. (Ed.)	7	15-8-32	3-11-32	Spastic diplegia
L.K. (I.W.)	4	3-10-32		Rickets (knock-knees)
G.B. (T.B.)	12	13-10-32		Tuberculous disease of knee
F.A. (T.B.)	15	3-11-32		Tuberculous disease of ankle
E.D. (T.B.)	12	10-11-32		Tuberculous disease of spine
A.McD. (T.B.)	12	21-11-32		Tuberculous disease of hip
J.Y. (T.B.)	7	12-12-32		Tuberculous disease of knee

Education of Mentally Defective Children.

This is provided at the "Special" School, Hollingdean Road. The staff consists of the Head Teacher and two assistants, also instructors in boot-repairing, carpentry and housewifery.

A description of the work carried out at this school was given in last year's Annual Report.

Twelve boys and 3 girls were admitted during the year. The number on the roll at the end of 1932 was 43 boys and 31 girls. During the year 5 boys and 2 girls, approaching the age limit, were notified to the Mental Deficiency Act Committee: one boy, who was 16 a week after the end of the term, who had made good progress and whose conduct had been exemplary, was exempted. A steady job was waiting for him and he is in employment.

Blind, Deaf, Defective and Epileptic Children.

The following table gives the number of such children maintained in residential institutions at December 31st, 1932 :—

BLIND CHILDREN.			DEAF AND DUMB CHILDREN.			PHYSICALLY DEFECTIVE.	
Barclay Home for Girls	School for the Blind, Swiss Cottage, N W.3.	Brighton School for the Blind	Institution for Deaf and Dumb, Brighton	Jews' Deaf and Dumb Home for Children, Wandsw'th	Chalfont Colony (National Society for Epileptics).		
Girls.	Girls.	Boys.	Boys.	Girls.	Girls.	Boys.	Girls.
2	1	4	7	2	1	—	1

During the year 1 boy and 1 girl left the Deaf and Dumb School, Brighton, and 1 boy left the Deaf and Dumb School at Margate, having reached the leaving age of 16. One partially blind boy left the Blind School, Brighton, to be trained as a market gardener.

School Nurses.

The schools are divided into 3 districts, and one nurse is allotted to each district. In each district the cleaner schools are visited once in 6 weeks, the other schools once in 4 weeks on an average. During the year the nurses made 69,914 examinations.

In the Rottingdean and Patcham districts this work is carried out by the District Nurses in the areas concerned.

The number of visits made by the School Nurses to school departments was 539. 844 home visits were also made for following up, etc.

The following table shows the result of their visits to the schools :—

	No. of Individual Children found infected.	No. of Examinations made of infected Children.
Verminous condition of head and body ...	1404	5970
Ringworm ...	39	51
Impetigo ...	286	437
Scabies ...	17	22
Other conditions ...	478	914
	<hr/> 2224 <hr/>	<hr/> 7394 <hr/>

Although 77 more visits were made to the schools than in the previous year, there was a reduction of 617 in the number of children found verminous as compared with the previous year, the figures being : 1931, 2,021 ; 1932, 1,404. This is very satisfactory and is a result of the untiring work of the nurses.

Of the 1,404 children found unsatisfactory, 575 warranted exclusion from school. The parents of all children found unsatisfactory had notices sent to them and directions given as to the method of putting their children right.

The children excluded—575—attended the Clinic, making 1,309 attendances. These children are only readmitted to school when a certificate is given stating that they are fit.

Prosecutions.

In those cases where no attempt has been made to get the child clean, or where the child is not clean within a certain time limit, prosecution under the Attendance Bye-laws is ordered by the Attendance Committee.

During 1932, 18 parents were prosecuted, and in 5 instances fines of 5/- or 10/- were imposed. (See also Table IV. page 32).

Provision of Meals.

The arrangements made in previous years for the feeding of necessitous children continued in 1932. Meals are served at the Canteens in Southover Street and at Whitehawk.

In the case of children who live too far from the Canteen, milk during the morning session at school was provided.

The feeding arrangements were commenced in November, 1931, and as the Canteen closed at the end of April, 1932, arrangements were made for the children to receive milk in school up to the Whitsun holidays, when the arrangements were discontinued until November, 1932.

The following figures, kindly supplied by the Head of the Children's Care Department, relate to the period 1st January, 1932, to 31st December, 1932 :—

7,347 Dinners supplied at 4d. or 5d. each...	...	£140	3	8
14,701 one-third pints of milk supplied at 1d. ...	...	61	5	1
Amount received from parents ... ..	...	14	11	6
Number of children on feeding list ...	408.			

(The number on the list for the previous year was 347).

Milk Clubs in Schools.

As in previous years, practically every department in the schools has a milk club. The milk—heated in cold weather—is delivered in bottles, usually one-third of a pint, at a charge of 1d. per day. The Head Teachers report that the children derive great benefit.

Employment of Children.

We desire to thank the Secretary to the Committee for the following extracts from his report to the Education Committee for the year ending 31st December, 1932 :—

(1) *Children coming within the Provisions of the Employment of Children Bye-Laws.*

The Employment of Children Bye-Laws, which control the employment of children between the ages of 12 and 14 years, and also the employment of boys under 15 and girls under 16 in street trading, are administered through the Education Office, and patrol work in the streets continues to be performed by the Employment Inspector, with the assistance of School Attendance Officers.

The methods adopted for the enforcement of the bye-laws, which have been found satisfactory in the past, were continued during the year under review and, while it was necessary in one case to summon the employer, on the whole the regulations have been satisfactorily observed. The summons mentioned was in respect of the employment of a boy under 14 before 7.15 a.m., and the Magistrates dismissed the case on the defendant paying the costs.

Information regarding the employment of children still continues to be received from the Head Teachers at the beginning of each school term, and the following table shows the number of children reported during the past five years :—

	Jan., 1932	Apr., 1932	Sept., 1932	Total number reported employed during 1932.	Total number reported employed.			
					1931	1930	1929	1928
Boys	233	271	260	486	519	586	622	779
Girls	2	3	2	5	5	6	11	22
Totals... ..	235	274	262	491	524	592	633	801

From these figures it will be seen that the use of child labour continues to decrease.

The number of employers using child labour has increased from 253 in 1931 to 289 in 1932, and it is noticeable that where in the past several children have been working for one employer, these cases have now become few and, in the majority of cases, there is now one child to one employer. The number of employers in 1930 was 306, and in 1929, 331.

The following table shows the number of children working before Morning School and on Sundays. All children employed during these periods are required to be medically examined by the School Doctor to show that such employment will not be prejudicial to their health :—

YEAR.	EMPLOYMENT BEFORE SCHOOL.				SUNDAY EMPLOYMENT.			
	No. Registered during the year.		No. Working at end of year.		No. Registered during the year.		No. working at end of year.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
1932	122	—	69	—	121	—	75	—
1931	167	2	79	2	151	2	78	2
1930	184	3	83	3	141	3	65	2
1929	215	3	105	2	186	3	96	2

The following tables show the total number of children registered during the year and their occupations :—

OCCUPATIONS.					No. REGISTERED DURING 1932.			COMPARATIVE FIGURES FOR 1931.		
					Boys.	Girls.	Total.	Boys.	Girls.	Total.
Newspaper delivery	...	...	...	...	151	1	152	211	4	215
Greengrocery delivery	...	...	...	...	91	—	91	108	2	110
Milk delivery	...	...	...	...	7	—	7	8	—	8
Bread delivery	...	...	...	...	17	—	17	18	—	18
Meat delivery	...	...	...	...	34	—	34	24	—	24
Household duties	...	...	...	...	2	3	5	1	—	1
Other employment	...	...	...	...	67	1	68	45	2	47
Totals	...	...	...	...	369	5	374	415	8	423

Street Trading.

During 1932, two boys were licensed to sell newspapers in the streets.

(2) Children Employed under Board of Education Entertainments Rules, 1920.

During the year, 26 licences were issued by the Committee, 20 being for children to take part in pantomimes and 6 in connexion with a Cabaret Show at a Christmas party. Of the 20 licences issued for pantomime, 11 were in respect of children to go on tour from two to five weeks.

The number of children who visited Brighton during the year to perform at local theatres was 31, as against 18 the previous year. They were licensed by the following Authorities :—

17 by the London County Council.
9 by Manchester.
3 by Hove.
2 by Finchley.

Frequent inspections were made both at the theatres and at their lodgings. The children were well cared for and the terms of the licences were strictly complied with.

Juvenile Employment.

Close co-operation exists between the Juvenile Employment Bureau and the School Medical Department. Special reports and suggestions *re* suitable employment respecting children with defects were submitted in the case of 30 boys and 30 girls.

INFECTIOUS DISEASES.

SCHOOL CLOSURES.

On account of German Measles.

Warren Farm School (day students only)	22nd April until after Whitsun Holiday.
--	-----	-----	---

On account of Scarlet Fever.

St. John the Baptist's	28th July to 12th September
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On account of Measles.

Elm Grove School (class II.)	...	30th September to 10th October.
Moulsecoomb Infants (classes V. and VI.)	...	11th October to 14th November.
Lewes Road Infants (class III. and children under five)	...	19th October to 2nd November.
(classes I. and II.)	...	4th November to 14th November.
(class II.)	...	23rd November to 1st December.
Coombe Road Infants (class II.)	...	25th November to 30th November.
Balfour Road Infants (class C.)	...	8th December to 14th December.
Middle Street School	...	21st December to re-open one week after end of Christmas Holiday.

One hundred and fifteen children contacts with diphtheria in their own homes were swabbed before their return to school ; all with negative results, as against 10·6 per cent. with positive results last year ; 54 recovered diphtheria patients were similarly swabbed immediately before the date fixed for their return to school and 1, or 1·9 per cent., gave a positive result, compared with 7·7 per cent. last year. The number of cases of diphtheria notified in 1932 was 65, as compared with 198 in 1931.

DENTAL DEPARTMENT.

There was one change in the staff of the Dental Department during the year. Mr. J. B. Cranston, Assistant School Dentist, resigned in August, and Mr. G. H. Dakers, who was appointed to fill the vacancy, commenced duty in October.

The staff consists of three full-time dentists and two clerks. The dental activities carried out under the supervision of the Education Committee and the Health Committee provides inspection and treatment as follows :—

- (1) For children under 5 years of age, not in attendance at school, referred through the Infant Welfare Centres.
- (2) For children in attendance at the Elementary Schools and the Intermediate School.
- (3) For expectant and nursing mothers referred from the Maternity Clinics.
- (4) For patients in the Borough Sanatorium.
- (5) For special cases referred by the Medical Officer of Health and the Senior Medical Officer.

One-sixth of the united time of the staff is allotted to the inspection and treatment of patients under the headings (1), (3), (4) and (5); the remainder of the time is spent entirely on the work of the school service (2).

From the age of three to the age of sixteen there is a period of relative susceptibility to dental caries. During this time the individual is rapidly developing, physically and mentally, with a consequent strain on the system and a tendency to caries in the teeth themselves. In addition, towards the middle of this period, there is the transition stage between the first and second dentitions when careful observation is essential. These factors tend to raise the percentage referred for treatment to a relatively high level in any inspection carried out for children and adolescents, and at the same time demonstrate the imperative necessity of regular and frequent inspections.

It is generally agreed that the maximum time between re-inspections in the school dental service should be twelve months. At present the circuit of the schools is taking about two years, but a special effort is being made to reduce this period and provide an annual inspection for every child coming within the scheme. All the children on the Elementary School registers are inspected at the age of six years, and thereafter follows inspection, with treatment if necessary, throughout the school life of each child, provided appointments are fulfilled.

The number of casual cases shows an increase compared with last year, and the tendency for this figure to rise is to be deprecated. It is mainly a result of the prolonged interval between routine inspections. A considerable number of these casual attenders are patients who, during the last ten years, have been taught to expect a dental examination at least once yearly. Although the treatment of these cases holds up the routine inspections to some extent, it has been deemed unwise to damp the enthusiasm of these children, who have learned to appreciate the benefits of early treatment and the maintenance of a healthy mouth.

Reference to the statistical tables on page 32 shows that the number of children referred for treatment at the routine inspections was 3,360, or 72 per cent. of the number inspected. 2,267, or 67 per cent. of these routine cases actually received treatment. The total number of children actually treated was 4,168, and 8,309 attendances were made by these children for treatment. 4,852 filling restorations were made, and 6,833 teeth were extracted. A general anaesthetic was administered for the removal of teeth in 761 cases. Other operations totalled 2,018. This figure includes the following procedures: simple dressings for the relief of pain, scalings, gum treatment, prescriptions for various mouth conditions, X-Ray work for diagnostic purposes, treatment and filling of root canals, and orthodontic work for the correction of irregularities of the teeth.

The Director of Education of the Dental Board offered to send expert lecturers with a dental exhibit round the schools. The offer was accepted, and simple dental talks were given over a period of three weeks to the children in the schools, to the mothers attending the Maternity and Child Welfare Clinics, and to the students at the Training Colleges. The lectures consisted of a few elementary dental facts admirably explained in simple words, and the various models making up the exhibit were most interesting and instructive. It is difficult to estimate the value of propaganda work of this nature, but the talks certainly aroused much interest and the advice given was sound and helpful.

SECONDARY SCHOOLS.

Routine medical inspection was carried out in the Municipal Secondary Boys' and Girls' Schools at Varndean, this being the thirteenth year of medical inspection. As in previous years, the arrangements made worked well, and the respective Principals gave much help and rendered every facility.

The inspection in the Girls' School was conducted by the Lady Assistant Medical Officer.

The inspection is a full medical inspection, and is carried out once a year, at a suitable time which does not clash with school examinations, etc. Full details were given in last year's Annual Report.

The groups inspected were :—

1. All new entrants since previous medical inspection, including pupils from outside the Borough.
2. All pupils born in 1917 (*i.e.*, 15 years old).
3. Absentees from last inspection and, in addition,
4. Special cases, and
5. Re-inspections.

Medical Treatment.

Arrangements are made for the treatment of the pupils at the School Clinic, much the same as for the Elementary School children, the charges for treatment being the same. With regard to treatment for enlarged tonsils and adenoids, and for spectacle cases, where the numbers are sufficient complete sessions are given to Secondary pupils alone.

Following a medical inspection, parents are notified of any defects and are advised to have treatment either privately, at a hospital, or through the School Clinic, and are asked to intimate which method they propose adopting. With the exception of pupils with defective vision, most of the defects are treated by private practitioners.

The number of pupils in attendance is : Boys' School, 579 ; Girls' School, 501.

At the medical inspection, 199 Boys and 182 Girls were given a full medical inspection, *i.e.*, 35·2 per cent. of the Secondary pupils were seen. The number of "Special" cases was 9, and the number of Re-inspections was 173—90 Boys and 83 Girls.

There were 5 girls who refused inspection.

The following table gives the numbers inspected in the various age groups :—

Year of birth.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	Total.
Age.	17.	16.	15.	14.	13.	12.	11.	10.	
Boys	1	—	68	11	11	25	74	9	199
Girls	1	5	57	18	10	14	64	13	182
Totals	2	5	125	29	21	39	138	22	381

	Special Cases.	Re-examinations.	Grand Total.
Boys	4	90	293
Girls	5	83	270
Totals... ..	9	173	563

*Return of Defects found at Medical Inspection
in the year ended 31st December, 1932.*

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					NO. OF DEFECTS.		NO. OF DEFECTS.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
SKIN	{	Scabies			1	—	—	—
		Other Diseases (non-Tuberculous)			1	1	—	—
EYE	{	Blepharitis			1	—	—	—
		Defective Vision (excluding Squint)			19	2	—	—
		Squint			2	—	—	—
		Other conditions			6	4	—	—
EAR	{	Otitis Media			1	—	—	—
		Other Ear Diseases			1	—	—	—
NOSE AND THROAT—Enlarged Tonsils only ...					1	—	—	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)					—	1	—	—
DEFECTIVE SPEECH					—	1	—	—
TEETH—Dental Diseases					1	—	—	—
HEART AND CIRC.	{	Heart disease—						
		Organic			—	3	—	1
		Functional			—	6	—	—
		Anaemia			—	1	—	2
NERVOUS SYSTEM	{	Epilepsy			1	—	—	—
		Other Conditions			—	2	—	1
DEFORMITIES	{	Kyphosis			—	8	—	—
		Kypho-Scoliosis			—	1	—	—
		Other conditions			1	1	—	—
Other Defects and Diseases					1	2	—	—

Return of Defects treated during the year ended 31st December, 1932.

Defective Vision and Squint :—

Defect or Disease.	NO. OF DEFECTS DEALT WITH.			
	Under the Authority's scheme.	Submitted to refraction by private practitioner, or at hospital, apart from the Authority's scheme.	Otherwise.	Total.
Errors of refraction (including Squint) ...	21	—	—	21

Total number for whom spectacles were prescribed :—

(a) Under the Authority's scheme	...	...	...	21
(b) Otherwise	...	...	...	—

Total number who obtained or received spectacles :—

(a) Under the Authority's scheme	...	...	...	20
(b) Otherwise	...	...	...	1

The following table gives in statistical form the findings of Medical Inspection :—

	Boys.		GIRLS.	
	Rou-tine.	Per-cent-age.	Rou-tine.	Per-cent-age.
No. inspected	199	34·3	182	36·3
No. defective requiring treatment	13	6·5	21	11·5

ELEMENTARY SCHOOLS.

TABLE I.

A.—Routine Medical Inspections.

Number of Code Group Inspections :—									
Entrants	...	...	...	...	...	...	...	...	1751
Second Age Group	...	...	...	...	...	...	...	...	1846
Third Age Group	...	...	...	...	...	...	...	...	1470
									—
Total			...	...	...	...	...	...	5067
									—
Number of other Routine Inspections ...				...	...	...	...	...	334

B.—Other Inspections.

Number of Special Inspections ...									1783
Number of Re-Inspections ...									3961
									—
Total ...			...	...	...	...	...	...	5744

TABLE II.

*A.—Return of Defects found by Medical Inspection
in the year ended 31st December, 1932.*

DEFECT OR DISEASE.				ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
				No. of Defects.		No. of Defects.	
				Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)				(2)	(3)	(4)	(5)
SKIN	Malnutrition	...	...	2	2	203	6
	Ringworm—	Scalp	...	3	—	—	—
		Body	...	2	—	1	—
	Scabies	...	...	3	—	4	—
	Impetigo	...	...	6	—	—	—
EYE	Other Diseases (Non-Tuberculous)			12	3	4	1
	Blepharitis	...	...	10	—	2	—
	Conjunctivitis	...	...	2	—	—	—
	Keratitis	...	...	—	—	—	—
	Corneal Opacities	...	...	1	—	—	—
	Defective Vision (excluding Squint)			200	2	257	2
	Squint	...	...	43	—	17	—
EAR	Other Conditions			25	5	11	4
	Defective Hearing	...	...	9	1	—	1
	Otitis Media	...	...	49	1	3	—
NOSE AND THROAT	Other Ear Diseases			50	12	—	1
	Enlarged Tonsils only			62	11	40	14
	Adenoids only			27	10	11	6
	Enlarged Tonsils and Adenoids			152	6	102	7
	Other Conditions			—	19	—	2
HEART AND CIRCULATION	Enlarged Cervical Glands (Non-Tuberculous)			4	1	2	38
	Defective Speech			—	—	—	—
	Heart Disease—	Organic	...	—	38	—	153
		Functional	...	—	82	—	33
	Anaemia	...	...	1	5	—	3
LUNGS	Bronchitis	...	...	2	6	4	3
	Other Non-Tuberculous Diseases			2	2	—	4
TUBERCULOSIS	Pulmonary—Definite			5	—	—	—
	Suspected			5	—	6	—
	Non-Pulmonary—Glands			6	—	—	5
	Spine			—	1	—	—
	Hip			1	—	1	—
	Other bones and joints			1	—	—	—
	Skin...			—	—	—	—
NERVOUS SYSTEM	Other Forms			3	—	—	1
	Epilepsy	...	...	5	2	4	3
	Chorea	...	...	8	1	12	6
	Other Conditions			25	14	9	22
DEFORMITIES	Rickets	...	...	4	—	—	—
	Spinal Curvature	...	...	2	11	1	—
	Other Forms	...	...	30	80	13	10
	Other Defects and Diseases			39	61	38	416

TABLE II.—(continued).

B.—Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS—			
Entrants	1751	217	12.3
Intermediates	1846	268	14.5
Leavers	1470	170	11.5
Total (Code Groups)	5067	655	12.9
Other Routine Inspections	334	100	29.9

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			3	2	5†
BLIND (including partially blind)	(i). Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	1	1	2
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind...	3	2	5
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
DEAF (including deaf and dumb and partially deaf)	(i). Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	5	2	7
		At Public Elementary Schools	1	2	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	2	1	3
		At Public Elementary Schools	1	—	1
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
MENTALLY DEFECTIVE.	Feeble-minded	At Certified Schools for Mentally Defective Children	43	31	74
		At Public Elementary Schools	3	5	8
		At other Institutions	3	1	4
		At no School or Institution...	2	2	4
EPILEPTICS.	Suffering from severe epilepsy	At Certified Schools for Epileptics	1	—	1
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	2	1	3
		At no School or Institution...	1	1	2
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	3	2	5
		At no School or Institution...	—	—	—

† Two girls and one boy with epilepsy and 'mental deficiency' in Special School. One boy with hydrocephalus and mental deficiency in Special School. One boy with congenital heart disease and mental deficiency at no school.

TABLE III.—(continued).

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	—	3
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	3	4	7
		At other Institutions ...	—	—	—
		At no School or Institution...	2	1	3
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	19	14	33
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	15	11	26
		At other Institutions ...	—	—	—
		At no School or Institution...	1	1	2
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	11	9	20
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	7	3	10
		At Public Elementary Schools	11	12	23
		At other Institutions ...	—	1	1
		At no School or Institution...	2	—	—

TABLE III.—(continued).

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (continued).	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution...	—	1	1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	65	52	117
		At other Institutions ...	—	—	—
		At no School or Institution...	1	2	3
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	1	—	1
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	10	10	20
		At other Institutions ...	—	—	—
		At no School or Institution...	3	3	6
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	2	2	4
		At other Institutions ...	1	—	1
		At no School or Institution...	—	1	1

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1932.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1).	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2).	Otherwise. (3).	Total. (4).
SKIN—			
Ringworm, Scalp	32	1	33
Ringworm, Body	53	1	54
Scabies	88	1	89
Impetigo	467	2	469
Other skin disease	77	21	98
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	462	5	467
MINOR EAR DEFECTS	500	2	502
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	1470	55	1523
Total	3149	88	3235

TABLE IV.—(continued).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1).	(2).	(3).	(4).	(5).
Errors of Refraction (including Squint) ...	450	17	3	470
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
Total ...	450	17	3	470

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ...	402
(b) Otherwise ...	17

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ...	360
(b) Otherwise ...	17

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1).	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2).	Total. (3).		
Tonsils and Adenoids 260				
Adenoids only ... 7				
Others ... 1				
268	4	272	3	275

TABLE IV.—(continued).

Group IV.—Dental Defects.

				Total					Total		
(1) Number of Children who were :—					(2) Half-days devoted to :—						
(a) Inspected by the Dentist :					Inspection 35 }				1212		
Aged :					Treatment 1177 }						
Routine Age Groups	{ 5... 80 }			...4683	(3) Attendances made by children for treatment ...				8309		
	{ 6... 382 }				(4) Fillings :—						
	{ 7... 465 }				Permanent teeth ...4668 }				4852		
	{ 8... 522 }				Temporary teeth ... 184 }						
	{ 9... 580 }				(5) Extractions :—				6833		
	{ 10... 794 }				Permanent teeth ...1513 }						
	{ 11... 715 }				Temporary teeth ...5320 }						
	{ 12... 632 }				(6) Administrations of general anaesthetics for extractions				761		
	{ 13... 363 }				(7) Other operations :—						
	{ 14... 136 }				Permanent teeth ...1679 }				2018		
	{ 15... 14 }				Temporary teeth ... 339 }						
Specials	...	...	...	1901					
Grand Total	...	...	...	6584					
(b) Found to require treatment :											
Routine...				3360					5261		
Specials				1901							
(c) Actually treated :											
Routine...				2267					4168		
Specials				1901							

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses 20									
(ii.) Total number of examinations of children in the Schools by School Nurses 69914									
(iii.) Number of individual children found unclean 1404									
(iv.) Number of children cleansed under arrangements made by the Local Education Authority —									
(v.) Number of cases in which legal proceedings were taken :—									
(a) Under the Education Act, 1921 —									
(b) Under School Attendance Bye-laws 18									

Physical Training.

We have to thank the Organiser of Physical Training for the following extracts from his Report for 1932 :—

Swimming.

In the report for the year, first place must be given to swimming, as it is in this branch of physical training that the greatest progress has been made.

1,062 children passed the ten yards' test and
859 passed the intermediate test of 25 yards.

These are by far the highest totals ever reached in the schools of the town.

It need hardly be said that these results have not been achieved without a great deal of hard work on the part of the teachers, and to them a word of praise is due.

The results of the advanced swimming tests and a statement of expenditure on swimming for the year are given at the end of this report.

Physical Exercises.

There have been no outstanding developments in physical exercises during the year, but in most of the classes a steady level of work is being maintained. In only a few can the work still be described as poor.

Playground Games.

Although a good deal of time has been spent on the planning of playgrounds and the preparation of games lists, this branch of physical training has not developed to an extent comparable with the physical exercises.

In the Junior Schools, the games part of the lesson, although usually active and well-organised, is too limited in its scope. More time could, with profit, be given to simple ball practices and the various forms of jumping.

In the Senior Schools, considerable headway has been made with the team ball games, but there is still ample room for improvement in team work.

If team work is to be really effective, the playground must be planned for, say, a fortnight, with a definite place for each game, so that apparatus can be placed and the lesson started with the least possible waste of time. It is important, too, that the team leaders should be trained. A leader who is in doubt about the activity he is expected to supervise is of little use.

A complete record of all the games played should be kept and passed on with each class. Unless this is done much waste of time through overlapping is inevitable.

Organised Games in the Parks.

Efforts to extend the range of Winter games in the Boys' Schools have met with some success. Rugby Touch, a modified game of Rugby, is being taught in a number of classes, and it is anticipated that it will be taken up in a good many others during the Spring term.

As last year's report on Summer games still applies it is repeated.

Cricket does not appeal to all the boys and there is, therefore, a strong plea for the introduction of other games. Rounders and stoolball are excellent games and both could, with advantage, be included in the field programme.

Athletic events deserve a much bigger place in both Boys' and Girls' Schools. They give scope for different kinds of talent not developed in the usual field games, and can easily be arranged on a team basis.

If, however, athletic training is to be of any real value, it must be a definite part of the field programme for the whole of the Summer term and not confined to a few weeks before the Summer sports.

Swimming.

The results of the advanced swimming tests were as follows :—

				Intermediate School.		Elementary Schools Swimming Association.	
				Boys.	Girls.	Boys.	Girls.
50 yards	...	...	...	—	15	—	356
100 yards	...	...	...	8	21	216	—
440 yards	...	...	...	10	9	—	—

5,173 proficiency tickets, giving free admission to the Corporation Bath, were awarded by the Committee during 1932, as against 3,731 during 1931.

The attendances at the Corporation and the St. Luke's Terrace Baths were as follows :—

<i>Corporation Bath—Instruction.</i>				1932	1931
Total number of attendances	...	...	...	10,445	10,485
Average number of attendances per week	...	...	...	522	524
<i>St. Luke's Terrace Bath—Instruction.</i>					
Total number of attendances	...	...	...	17,135	17,223
Average number of attendances per week	...	...	...	816	783
<i>St. Luke's Terrace Bath—Clubs.</i>					
Total number of attendances	...	...	...	14,642	12,139
Average number of attendances per week	...	...	...	732	552

The following is a statement of the amount spent in swimming instruction and proficiency tickets at the Corporation Bath :—

				1932.			1931.		
				£	s.	d.	£	s.	d.
Admissions (instruction)	...	...	...	80	0	0	80	0	0
5,173 proficiency tickets at 2d. each	...	...	...	43	2	2	31	1	10
				<hr/> £123 2 2 <hr/>			<hr/> £111 1 10 <hr/>		

